## 116000139046

| (Requestor's Name)                      |  |  |  |  |
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| (Address)                               |  |  |  |  |
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| (Address)                               |  |  |  |  |
|   |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |
|   |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |
|   |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |
| (Business Entry Parity)                 |  |  |  |  |
| (Danish and Missilian)                  |  |  |  |  |
| (Document Number)                       |  |  |  |  |
|   |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |
|   |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |
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Office Use Only



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## **COVER LETTER**

| Division of Corporations  |   | <b>i.</b> • • |  |  |  |
|---|---|---------------|--|--|--|
| LANDT LLC   |   |               |  |  |  |
| SUBJECT:  | Name of Limited Liability Company   | ÷ ()          |  |  |  |
| Dear Sir or Madam:  |   |               |  |  |  |
| The enclosed Registered Agent/Registered  | Office Change and fee(s) are submitted for filing.  | 14.7          |  |  |  |
| Please return all correspondence concerning   | g this matter to the following:   |               |  |  |  |
| TAMIE BLEDSOE   |   | `             |  |  |  |
| Name of Person  |   |               |  |  |  |
| LANDT LLC   |   |               |  |  |  |
| Firm/Company  |   | •             |  |  |  |
| 332 HAVERLAKE CIRCLE  |   |               |  |  |  |
| Address   |   | , •           |  |  |  |
| APOPKA, FL 32712  |   | · z .!        |  |  |  |
| City/State and Zip Coo  | de  |               |  |  |  |
| lbledsoejr@centurylink.net  |   |               |  |  |  |
| E-mail address: (to be used for future  | annual report notification)   |               |  |  |  |
| For further information concerning this ma  | tter, please call:  |               |  |  |  |
| TAMIE BLEDSOE   | 407 947-2019  |               |  |  |  |
| Name of Person  | Area Code & Daytime Telephone Number  | :             |  |  |  |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle | egistration Section Registration Section vision of Corporations Division of Corporations ifton Building P.O. Box 6327 |               |  |  |  |
| Tallahassee, Florida 32301  | Tallahassee, Florida 32314  |               |  |  |  |
| Enclosed is a check for the following amount:   |   |               |  |  |  |
| ☑ \$25 Filing Fee   | ☐ \$55 Filing Fee & Certified Copy  |               |  |  |  |
| INHS18 (2/14)   |   |               |  |  |  |

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

| 1. Na  | me of the limited liability company: LANDT LLC  |  |  |   |  |  |
|--|---|--|--|---|--|--|
|  |   | (h   | )  |   |  |  |
| <b>2</b> . ()  | Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  | _ (0   | ,  | Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)   |  |  |
|  | 332 HAVERLAKE CIR   |  | 332 HAV  | /ERLAKE CIR   |  |  |
|  | APOPKA, FL 32712  | <del>-</del>                                     | APOPKA   | A, FL 32712   |  |  |
|  | 07/25/2016  |  | L1600013   | 39046   |  |  |
| 3.   | Date of filing/registration in Florida  | 4.   |  | Document number   |  |  |
| 5. (a)   |   |  |  |   |  |  |
| J. (u)   | Registered Agent and Registered Office shown on the records of the UNITED STATES CORPORATION AGENTS   |  | Dept. of State   | -<br>::<br>   |  |  |
|  | Registered Office Address (MUST BE FLORIDA STREET A.  |  | <u> </u>   | AESE 5  |  |  |
|  | 13302 WINDING OAK COURT A   |  | -  | AUG RRET  |  |  |
|  | TAMPA , FL  | 33612  |  | UG 28 AH 7; 52<br>ETARY OF STATE<br>HASSEE. FLORIDA   |  |  |
|  |   |  |  | mg <b>3</b>   |  |  |
| (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:                             |   |  |  |   |  |  |
|  | Chief hand of the w Registered Agent and/of the w Registered V  | OTTICE AU  | <u></u>  | RIO RIO   |  |  |
|  | TAMIE BLEDSOE   |  |  | **************************************  |  |  |
|  | NEW Registered Office Address:  |  |  | <del>-</del>  |  |  |
|  | 332 HAVERLAKE CIRCLE  |  |  |   |  |  |
|  |   |  |  | -   |  |  |
|  | APOPKA ,FL  | 32712  |  | _   |  |  |
| the cha<br>agent v<br>was/we<br>the arti<br>Signa<br>I here<br>provisi<br>the obl<br>to mero<br>notified | imited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liable authorized by an affirmative vote of the members of cles of organization or the operating agreement of the law live of a member or authorized representative of a member by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete prigations of my position as registered agent as provided ely reflect a change in the registered office address, I had in writing of this change. | the regis<br>bility co<br>f the lim<br>limited I | stered office<br>ompany, it is<br>ited liability<br>iability com<br>MIE BLED | e and the business office of the registered is hereby confirmed that the change(s) y company or as otherwise provided in apany.  DSOE Lincoln Bledsoely.  Printed or typed name of signee |  |  |