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(Requestor's Name)						
(Address)						
(Address)						
(Audress)						
(City/State/Zip/Phone #)						
<u>_</u>						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Business Entity Warne)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

Office Use Only



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COVER LETTER

то:	Registration Section Division of Corporations			20 KM & PA 20 O)
	Your Rod and Reel LLC			The same
SUBJ	Nam	ne of Limited L	iability Company	
Dear	Sir or Madam:			ري
The c	nclosed Registered Agent/Registered Offi	ce Change and		ŕ
Please	e return all correspondence concerning thi	s matter to the	following:	
Alasta	nir Ratcliff			
	Name of Person			
ACR	Financial Services, Inc			
	Firm/Company			
623 B	eville Road			
	Address		<u> </u>	
S Day	tona, FL 32119			
	City/State and Zip Code		_	
info@	acrfinancialservices.com			
	E-mail address: (to be used for future ann	ual report notif	ication)	
For fu	urther information concerning this matter,	please call:		
Steve	n Hughes	386 at (562 2387	
	Name of Person	*** \	Area Code & Daytime Telephone Numb	er
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
	Enclosed is a check for the following	amount:		
	■ \$25 Filing Fee	□ \$	55 Filing Fee & Certified Copy	

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOIL LIMITED LIABILITY COMPANY

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

. (a)	1980 S Ridgewood Ave	(b)	(h) 1980 S Ridgewood Ave	
. (,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	South Daytona, FL 32119	South Da	ytona, FL 32119	
	5/6/2020	L1600017	7376	
•	Date of filing/registration in Florida	4.	Document number	
. (a)	Richard Trussell			
. (a)	Registered Agent and Registered Office shown on the records of	of the Florida Dept. of St	ate:	
	1536 Ridge Avenue			
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS)		
	Holly Hill	32117	20 KM - 6 PH 3: 07	
	, F	FL		
(b)	Alastair Ratcliff			
(b)	Enter name of NEW Registered Agent and/or NEW Registered			
			نې بې	
	623 Beville Road		_ 9 *	
	NEW Registered Office Address:			
	South Daytona	32119	_	
	, ,	FL	<u> </u>	
hange gent v	imited liability company is not organized under the le or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members	ne registered office a liability company, it	nd the business office of the registered is hereby confirmed that the change(s)	
	icles of organization or the operating agreement of the			
-	A Lash	STEVEN	HUSH/S	
Signa	ture of a member or authorized representative of a member		Printed or typed name of signee	
	by accept the appointment as registered agent and a cons of all statutes relative to the proper and complet ligations of my position as registered agent as provide ly reflect a change in the registered office address,	gree to act in this cap	pacity. I further agree to comply with the	