L16 000 178 482

(Re	questor's Name	
(Ad	dress)	
•	,	
(Ad	dress)	
(Cit	y/State/Zip/Pho	ne #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Na	ime)
(Do	cument Numbe)
Certified Copies	Certificati	es of Status
Special Instructions to	Filing Officer:	
	Office Use C	nly MA



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COVER LETTER

		33 . 22		
то:	Registration Section Division of Corporations			
SUBJ	Sentry Service, LLC ECT:			
		Name of Limited Liability Company		
Dear S	Sir or Madam:			
The er	iclosed Registered Agent/Reg	gistered Office Change and fee(s) are submitted for filing.		
Please	return all correspondence co	ncerning this matter to the following:		
Jeffrey	L. Bairstow			
	Name of Pe	rson		
Sentry	Service, LLC		22	-
	Firm/Comp	any	22 0CT	· ·
217 SE	1st Ave. Suite 200-22		13 /	TO STATE OF THE STATE OF
	Address		₹	
Ocala,	FL 34471		5: O	-:
	City/State and I	Zip Code		
jeff@s	entryservicelle.com			
E	-mail address: (to be used for	future annual report notification)		
For fu	ther information concerning	his matter, please call:		
Jeff Ba	irstow	352 615-6631		
	Name of Person	Area Code & Daytime Telephone Number		
	Mailing Address:	Street Address:		
	Registration Section Division of Corporations	Registration Section Division of Corporations		
	P.O. Box 6327	The Centre of Tallahassee		
	Tallahassee, FL 32314	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		

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.

(a)			(b)	
. , -	Principal office address of	limited liability company: TREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
(a)	Date of filing/regis	ration in Florida	4.	L16 000 1 98 482
(α)	Registered Agent and Registered	Office shown on the records o	f the Florida Dept	
	Registered Office Address (M	UST BE FLORIDA STREET	"ADDRESS)	
		, F	L	
(b) .				22 OCT 13 AM 5: 0
	Enter name of <u>NEW Registered</u>	vgent and/or <u>NEW Registere</u>	d Office address:	$\frac{1}{\omega}$
	Jeffrey L Bairstow			P
	NEW Registered Office Address 217 SE 1st Ave., Suite 200-22			5: 01
	Ocala	, F	L	
ange ent w s/we:	or changes are made, the Flail be identical. Or, in the c	orida street address of the asc of a Florida limited I ive vote of the members	e registered off iability compar of the limited l	e of Florida, it is hereby confirmed that after the fice and the business office of the registered my, it is hereby confirmed that the change(s) liability company or as otherwise provided in ity company.
h	11 1		Jeffrey L	
ighan	are of a member or authorized repr	esentative of a member		Printed or typed name of signee
ovisio	ons of all statutes relative to	the proper and complete	e performance e	is capacity. I further agree to comply with the of my duties, and I am familiar with and accester 605, F.S. Or, if this document is being file in that the limited liability company has been

of Registered Agent