## L16000213241

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2021 AUG -2 AM 2: 27

## **COVER LETTER**

TO:	Registration Section Division of Corporations		
SUBJE	21021 SR 54, LLC		
		lame of Limite	ed Liability Company
Dear Si	r or Madam:		
The en	closed Registered Agent/Registered C	Office Change	and fee(s) are submitted for filing.
Please	return all correspondence concerning	this matter to	the following:
John T.	Keiser		
	Name of Person		
21021 S	R 54, LLC		
	Firm/Company		
3401 Ba	yshore Blvd; Unit 2500		
	Address		
Tampa,	FL 33629		
	City/State and Zip Code	•	
jack@jt	keiser.com		
E-	mail address: (to be used for future a	nnual report n	otification)
For furt	her information concerning this matte	er, please call:	
Raylee I	ИсGough	813 at (	221-2777
	Name of Person		Area Code & Daytime Telephone Number
	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	ng 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.

		51, 52,	
(a) _	Principal office address of limited liability co (Note: MUST BE STREET ADDRES)	inpany:	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	November 21, 2016	L.16000	0213241
,	Date of filing/registration in Florid	a 4.	Document number
	J.T. Keiser, LLC		
(a)	Registered Agent and Registered Office shown on the	e records of the Florida Dept. o	f State:
	324 Blanca Avenue	-F	in the second of
	Registered Office Address (MUST BE FLORIDA		
	Tampa	, FL 33602	FState: SECRETARY OF STATE OF FLORING STATE OF S
(b) .	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u>	Registered Office address:	
	3401 Bayshore Blvd	<del></del>	
	NEW Registered Office Address:		
	Unit 2500	<del>_</del>	
	Tampa	. FL <sup>33629</sup>	
ange ent w s/wei	mited liability company is not organized un- or changes are made, the Florida street addrail be identical. Or, in the case of a Florida re authorized by an affirmative vote of the re- cles of organization or the operating agreem	ess of the registered offic limited liability company nembers of the limited lia	te and the business office of the registered t, it is hereby confirmed that the change(s) ability company or as otherwise provided to company.
iignati	ure of a member or authorized representative of a mer	nber	Printed or typed name of signee
ovisid	oy accept the appointment as registered ager ons of all statutes relative to the proper and gations of my position as registered agent a ly reflect a change in the registered office a	complete performance of	'my duties, and I am familiar with and ac