L17000028358

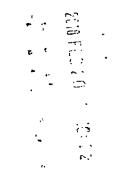
| (Requestor's Name) | | | |
|---|--|--|--|
| (Address) | | | |
| (Address) | | | |
| (City/State/Zip/Phone #) | | | |
| PICK-UP WAIT MAIL | | | |
| (Business Entity Name) | | | |
| (Document Number) | | | |
| Certified Copies Certificates of Status | | | |
| Special Instructions to Filing Officer: | | | |
| | | | |
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J. HARRIE

| | OVER LETTER | |
|--|---|--|
| TO: Registration Section Division of Corporations | · | |
| SUBJECT: O2 To You | | |
| Name of Li | mited Liability Company | |
| Dear Sir or Madam: | | |
| The enclosed Registered Agent/Registered Office Cha | ange and fee(s) are submitted for filing. | |
| Please return all correspondence concerning this matte | er to the following: | |
| Kyle Lussier and Katrina Lussier | | |
| Name of Person | | |
| O2 To You | | |
| Firm/Company | | |
| 25 Oaks Drive | | |
| Address | | |
| Jacksonville Beach, FL 32250 | | |
| City/State and Zip Code | | |
| Trina17017@aol.com | | |
| E-mail address: (to be used for future annual rep | ort notification) | |
| For further information concerning this matter, please | call: | |
| Katrina Lussier | 352 223-0309 | |
| Name of Person | Area Code & Daytime Telephone Number | |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 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 | ame of the limited liability company: O2 To You | |
|--|--|--|
| 2. (a) | 25 Oaks Drive | (b) 25 Oaks Drive |
| 2. (4) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| | Jacksonville Beach, FL 32250 | Jacksonville Beach, FL 32250 |
| 9. | 2/2017— Qlul [7] Date of filing/registration in Florida | Legal Zoom U70000 28358 4. Document number |
| 5. (a) | Legal700m it it it of it in | poration Agents, Inc |
| | 13302 Winding Oak Cou Registered Office Address MUST BETLORIDA STREET A | urt A |
| | | |
| | TampaFL | L_33612_ |
| (b) | Katrina Lussier | * |
| (0) | Enter name of NEW Registered Agent and/or NEW Registered | d Office address: |
| | Katrina Lussier | |
| | NEW Registered Office Address: | |
| | 25 Oaks Drive | |
| | Jacksonville Beach FL | _L 32250 |
| the cha agent v was/wa the arti | inge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the law of a member or authorized representative of a member. | Printed or typed name of signee |
| provisi the obl to mer | ons of all statutes relative to the proper and complete in igations of my position as registered agent as provided by reflect a change in the registered office address. I have been also this change. The property of this change. | e performance of my duties, and I am familiar with and accepted for in Chapter 605, F.S. Or, if this document is being filed I hereby confirm that the limited liability company has been |