## L17000032224

| (Re                                     | questor's Name)   |      |  |  |  |
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| (Cit                                    | y/State/Zip/Phone | e #) |  |  |  |
| PICK-UP                                 | MAIT              | MAIL |  |  |  |
| (Bu                                     | siness Entity Nar | ne)  |  |  |  |
| (Document Number)                       |                   |      |  |  |  |
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D. BRUCE SEP 02 2020

## COVER LETTER

|           | Registration Section Division of Corporations  |                      | •  |               |            |                  |
|-----------|--|----------------------|--|---------------|------------|------------------|
| SUBJEC    | ANCHORR, LLC   |                      |  |               |            |                  |
| SCDJEC    | 1.   | Name of Limited L    | iability Company   |               |            |                  |
| Dear Sir  | or Madam:  |                      |  |               |            |                  |
| The encl  | osed Registered Agent/Registered   | Office Change and    | fee(s) are submitted for filing.   |               |            |                  |
| Please re | num all correspondence concerning  | g this matter to the | following:   |               |            |                  |
| Michael   | Lambert  |                      |  |               |            |                  |
| -         | Name of Person   |                      | <del></del>  |               |            |                  |
| ANCHO     | ORR, LLC   |                      |  |               |            |                  |
|           | Firm Company   |                      | <del></del>  |               |            |                  |
| 8100 Pa   | rk Blvd A43  |                      |  |               |            |                  |
|           | Address  |                      | <u></u>  | <u>n</u> (    | 20         |                  |
| Pinellas  | Park,FL 33781  |                      | TALL   | 100E          | 2020 JUL 2 |                  |
|           | City/State and Zip Co  | иde                  | AH   | -i i<br>2 :   | <u> </u>   | 67 207<br>4<br>1 |
|           | inc(@gmail.com   |                      |  | ز<br><u>ج</u> | 9          | 13               |
| E-        | mail address; (to be used for futur  | e annual report noti | fication)  | /.<br>/•      | PH կ։ կ2   | 1                |
| For furt  | her information concerning this m  | atter, please call:  | <u></u>  | 년<br>건<br>1   | է2         |                  |
| Michae    | Lambert  | 860<br>at i          | 281-8515   |               |            |                  |
|           | Name of Person   | ····                 | Area Code & Daytime Telephone Number   | T             |            |                  |
|           | 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 Fallahassee, FL 32303 |               |            |                  |
|           | Enclosed is a check for the follo  | owing amount:        |  |               |            |                  |
|           | S25 Filing Fee   |                      | \$55 Filing Fee & Certified Copy   |               |            |                  |

INH\$18 (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.

| l. Na   | me of the limited liability company: ANCHORR, LL   | (·                                       |  |   |  |                               |                      |
|---|--|--|--|---|--|-------------------------------|----------------------|
| 2. (a)  | ANCHORR  | ANCHO                                    | )RR  |   |  |                               |                      |
| \/  | Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)   |  | · · ·  | Mailing address of lin (Note: MAY BE P  |  | •                             | •                    |
|   | 8100 Park Blvd   |  | 8100 Pa  | rk Blyd   |  |                               | _                    |
|   | Pinellas Park, FL 33781  |  | Pinellas   | Park, FL  |  |                               |                      |
|   | 5/28/2020  |  | 11700003   | 2224  |  |                               |                      |
| 3.  | Date of filing/registration in Florida   | 4.                                       |  | Document numb   | er er  |                               |                      |
| <b>.</b>  | Hughes Consulting Services   |  |  |   |  |                               |                      |
| 5. (a)  | Registered Agent and Registered Office shown on the records o  |  |  | tate:   |  |                               |                      |
|   | Debbie Hughes  |  |  |   |  |                               |                      |
|   | Registered Office Address (MUST BE FLORIDA STREET  | T.1DDRES                                 | <u>:2,</u>   | <del>-</del> -  |  |                               |                      |
|   | 522 Ah 19  |  |  |   |  |                               |                      |
|   | Palm Harbor . F  | 34683<br>L                               |  | _   | SEOR<br>TAI  | 2020 JUL 2                    | فسلسه                |
| (b)   | Kimberly Perry, CPA  |  |  |   | LAH  | UL 21                         |                      |
| , , ,   | Enter name of NEW Registered Agent and or NEW Registers  | ed Office a                              | ddress:  |   | XSS<br>O   |                               |                      |
|   | Kimberly Perry, CPA, PA  |  |  |   |  | P# 4: 42                      | J                    |
|   | NEW Registered Office Address:   |  |  |   |  | ւ2                            |                      |
|   | 3705 Tampa Road, Suite 14  |  |  |   |  |                               |                      |
|   | Oldsmar  | 34677                                    |  |   |  |                               |                      |
| change agent was/w the art Signs I here of to mer notific | limited liability company is not organized under the le or changes are made, the Florida street address of it will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the members icles of organization or the operating agreement of the interest of a member or authorized representative of a member of the accept the appointment as registered agent and accions of all statutes relative to the proper and completely actions of my position as registered agent as provided in writing of this change.  In-Life Supposition of Registered Agent | ne registe liability of the line limited | red office company, is mited liab; liability of the liabi | and the business office is hereby confirmed in the company or as company.  Printed or typed no company.  Printed or typed no company. | fice of the ed that the otherwise interests into of signee | register<br>change<br>provide | red<br>c(s)<br>ed in |