LITCCCC55052

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



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COVER LETTER

| Division of Corporations | |
|--|--|
| SUBJECT: Willoughby Family Holdings, LLC | |
| Name of Lin | nited Liability Company |
| Dear Sir or Madam: | |
| The enclosed Registered Agent/Registered Office Chan | ige and fee(s) are submitted for filing. |
| Please return all correspondence concerning this matter | to the following: |
| Jerry D Willoughby | |
| Name of Person | |
| Willoughby Family Holding, LLC | |
| Firm/Company | |
| 11660 Dragon Point Drive | |
| Address | |
| Merritt Island, FL 32952 | |
| City/State and Zip Code | |
| jerry.willoughby@gmail.com | |
| E-mail address: (to be used for future annual repo | rt notification) |
| For further information concerning this matter, please c | rt notification) rell: |
| Jerry Willoughby at (| (707) 301-8383 |
| 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 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) | 11660 Dragon Point Drive Merritt Island FL 32952 | (b | 11660 Dr | agon Point Drive, Merritt Island FL | 32952 |
|--------------|--|-------------------------------------|-------------------------------|--|--------------------------------|
| | Principal office address of limited liability company (Note: MUST BE STREET ADDRESS) | | 7 taus | Mailing address of limited liability com (Note: MAY BE POST OFFICE BO | |
| | March 6.2020 | | 1.12000055 | 0113 | |
| | Date of filing/registration in Florida | 4. | L17000055 | Document number | |
| | United States Corp. Agent INC. | ₩. | | Document number | |
| (a) | Registered Agent and Registered Office shown on the record | ds of the Florida | Dept. of Stat | te; | |
| | | | | _ | |
| | Registered Office Address (MUST BE FLORIDA STRI | EET ADDRESS | 2 | _ | |
| | 5575 S Semoran Blvd | | | trace | |
| | Orlando | . FL ³²⁸²² | | 2 | . Y 55 |
| | Joens D Willousekhar | | | - 3 元 | |
| (b) | Jerry D Willoughby | . 1000 | | _ | CAN |
| | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Regis</u> | tered Office add | <u>uress</u> : | 9 | 50 2.4 |
| | | | | PH 12: L3 | 0,5 |
| | NEW Registered Office Address: | | | - | |
| | 11660 Dragon Point Drive | | | _ | |
| | Merritt Island | . FL ³²⁹⁵² | | | |
| 1: | | | C | _ | , , |
| nge | mited liability company is not organized under the or changes are made, the Florida street address of | f the registere | d office an | d the business office of the regist | tered |
| nt w s/we | vill be identical. Or, in the case of a Florida limite are authorized by an affirmative vote of the members. | ed liability cor ers of the limi | mpany, it i: ited liabilit | s hereby confirmed that the chan y company or as otherwise provi | ge(s) ded in |
| arti | cles of organization or the operating agreement of | the limited li | ability con | npany. | |
| ignat | ury of a member or authorized tepresentative of a member | | JERRY | Printed or typed name of signee | |
| לאיניי | waccent the annointment as registered goest and | l agree to get . | in this can | with I further arrest to comply | with the |
| visi | ons of all statutes-relative to the proper and compigations of my position as registered agent as proving the reflect a change in the registered office address. | lete performa vided for in C | nce of my (hanter 605 | detiv. 1 juriner agree to comply v duties, and I am familiar with an S. F.S. Or, if this document is hei | wun ine d accej ina filo |
| ere fica | ly reflect a change in the registered office addres. I in writing of this change. | s. I hereby co | nfirm that | the limited liability company has | heen |
| | 3 4 m/7 men | | | | |

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00 INHS18 (2/14)