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## **COVER LETTER**

TO: **Registration Section Division of Corporations** 

SUBJECT: T& A Albritton, UL Name of Limited Liability Company

Dear Sir or Madam

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Travis Albritton Name of Person

T& A Albritton, LLC Firm/Company

2668 Selt Lake Drive Address Jacksonville, FL 32211 City/State and Zip Code

albrittont covis @ zmail. com E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Travis Albrittonat (912)541-4697Name of PersonArea Code & Daytime Telephone Number

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STREET/COURIER ADDRESS:

**Registration Section Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

**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

MAILING ADDRESS:

## 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

I. Na	ame of the limited liability company: A	Albritton	, LLC	
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)	Travis Albritton Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)	
	2668 July Lake Drive	<u> </u>	2668 Self Lake Drive	
	Jacksonville, FL 32211		Jacksonville, FL 32211	
	03/21/2017	L	- 170000 64 5 29	
3.	Date of filing/registration in Florida	4.	Document numbe;	
	United States Lorgoration Agent Registered Agent and Registered Office shown on the records of the 13202 Windian Oak Court Registered Office Address <u>(MUST BE FLORIDA STREETA</u> Tanga, FL Travis Albritton Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office Address</u> 2668 Salt Lake Drive <u>NEW</u> Registered Office Address	the Florida Dept. o <u>1DDRESS</u>  ვ პ <u>ს</u> ა ე	19 APR	
the cha agent v was/we	Jacksonville FL. limited liability company is not organized under the lav ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the Maria Maria 6	vs of the State of the registered of ability company of the limited lia limited liability	office and the business office of the regis y, it is hereby confirmed that the change(s ability company or as otherwise provided ty company.	stered s)
Signa	the of a member or authorized representative of a member		Travis Albritton Printed or typed name of signee	

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

nr A n Signature of Registered Agent

Division of Corporations• P.O. Box 6327• Tallahassee, FL 32314 FILING FEE: \$25.00