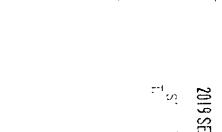
L17000 064 529

(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:				

Office Use Only



100334338131



019 SEP 20 PH 4: 36

OCT 04 700

COVER LETTER

TO: Registration Section Division of Corporations							
:							
SUBJECT: T & A Albritton, LLC Name of Limited Liability Company							
Dear Sir or Madam:		, 					
The enclosed Registered Agent/Registered Of	fice Change	and fee(s) are submitted for filing.					
Please return all correspondence concerning to	_	•					
Travis Albritton							
Name of Person							
T & A Albritton, LLC							
Firm/Company							
101 Marketside Ave, Suite 4	04-212						
Address		****					
Ponte Vedra, FL 32081							
City/State and Zip Code							
hello@travisalbritton.com							
E-mail address: (to be used for future an	nual report n	otification)					
For further information concerning this matter	r, please call:						
Travis Albritton	at (904	₎ 370-3843					
Name of Person		Area Code & Daytime Telephone Number					
STREET/COURIER ADDRESS: Registration Section Division of Corporations		MAILING ADDRESS: Registration Section Division of Corporations					

Enclosed is a check for the following amount:

Clifton Building

2661 Executive Center Circle

Tallahassee, Florida 32301

□ \$55 Filing Fee & Certified Copy

Tallahassee, Florida 32314

P.O. Box 6327

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. N	ame of the limited liability company: T& A Alb	ritton	, LLC	
2. (a)	101 Marketside Ave	(b) 101 Marketside Ave		
. ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(, 	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Suite 404-212		Suite 4	04-212
	Ponte Vedra, FL 32081		Ponte V	/edra, FL 32081
	03/21/2017		L17000	0064529
3.	Date of filing/registration in Florida	- 4.		Document number
5. (a)	Travis Albritton			
(-,	Registered Agent and Registered Office shown on the records of	the Florida	a Dept. of Stat	- c:
	2668 Salt Lake Dr			
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRES:	2)	2019 S
		3221	1	FILE 2019 SEP 20 PH
(b)	Registered Agents Inc.			. J
	Enter name of NEW Registered Agent and/or NEW Registered	Office ad	dress:	56
	7901 4th St N			_,
	NEW Registered Office Address:			-
	STE 300			
	St. Petersburg ,FL	3370	2	_
agent was/we the art	imited liability company is not organized under the law 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	the reginability confirmation of the limited	stered office ompany, it is nited liabilit	e and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in inpany.
	ture of a member or authorized representative of a member			Printed or typed name of signee
the obt to mer	by accept the appointment as registered agent and agrions of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address, I i d'in writing of this change.	ee to act perform d for in t hereby c	in this cape ance of my o Chapter 605 onfirm that	ucity. I further agree to comply with the duties, and I am familiar with and accept , F.S. Or, if this document is being filed the limited liability company has been

Signature of Registered Agent

- Assistant Secretary