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COVER LETTER

TO: Registration Section Division of Corporations						
SUBJECT: Canna MD Florida CC. Name of Limited Liability Company						
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Of	Tice Change and fee(s) are submitted for filing.					
Please return all correspondence concerning to	his matter to the following:					
RYAN SCOTTON						
Name of Person						
Canna Ms Floride C	.CC.					
Firm/Company						
6648 Parson Brown Address	. Drive					
Address	· 					
O/Imdo A 328 City/State and Zip Code	19					
City/State and Zip Code						
Real for Rynn 820	gmail.com					
E-mail address: (to be used for future an	nual report notification)					
For further information concerning this matter	r, please call:					
RYAN SCOTSON	_at (321) 2978960					
Name of Person	Area Code & Daytime Telephone Number					
STREET/COURIER ADDRESS:	MAILING ADDRESS:					
Registration Section Division of Corporations	Registration Section					
Clifton Building	Division of Corporations P.O. Box 6327					
2661 Executive Center Circle	Tallahassee, Florida 32314					
Tallahassee, Florida 32301						
Enclosed is a check for the following	g 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. N	ame of the limited liability company:	10/	10 Hande	- (()
2. (a)		_ (b)	ı	
•	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	- (··)	Mailing address of	limited liability company: POST OFFICE BOX
	6648 Parson Brown Drive	_	6648 Parson	Brown Drive
•	Orlando, FC32819	_	Orlando, FL	_32819
	4/26/17		L17000093	
3.	Date of filing/registration in Florida	4.	Document nun	nber
5. (a)				
	Registered Agent and Registered Office shown on the records of the	ne Florida	Dept. of State:	بسد ال
	RYAN SCOTSON		·	17 NOV 20
	Registered Office Address (MUST BE FLORIDA STREET A.	DDRESS)		
	4606 Woodlands Village Brive			
	Ollando FL	32.	835	2 3
				1.3
(b)				も
•	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u>	Office add	ress:	
	RYAN SCOTSON	_		
	NEW Registered Office Address:			
	6648 Parson Brown Dr	ive		
•	Orlando FL	37	2819	
the cha agent was/w	imited liability company is not organized under the law ange or changes are made, the Florida street address of a will be identical. Or, in the case of a Florida limited lial are authorized by an affirmative vote of the members of icles of arganization or the operating agreement of the l	the regist bility cor Tthe limi	tered office and the busine inpany, it is hereby confirr ted liability company or a	ess office of the registered ned that the change(s)
_ <			RYAN SCOTSON	\sim
Signa	ture of a prember or authorized representative of a member		Printed or typed r	name of signee
I here provisi the ob- to mer notifie	hy accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a phange in the registered office address. I he d in writing of this change.	e to act . performa for in C ereby co.	in this capacity. I further nce of my duties, and I am hapter 605, F.S. Or, if thi nfirm that the limited liab	agree to comply with the a familiar with and accept s document is being filed ility company has been