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Y SULKER JAN 0.7 2022 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee FL 32301

Tallhassee, FL 32301 Phone: 850-558-1500

. - 1. "

	ACCOUNT NO.	:	I200000	00195
	REFERENCE	:	362683	8282874
	AUTHORIZATION	: (Lorello &	
	COST LIMIT	:	\$ 25,00	Cenar
	<u>-</u>			
ORDER DATE :	January 5, 2022			
ORDER TIME :	11:05 AM			
ORDER NO. :	362683-020			
CUSTOMER NO:	8282874			
	<u>CHANGE OF A</u>	<u>.GEN</u>	<u>T</u>	
NAME:	ONE TIME, LLC	ı •		

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CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER:

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)		(t)	AIRPORT RD
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ `	, <u> </u>	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	STE F	_	STE F	
	DESTIN, FL 32541		DESTI	N, FL 32541
	04/28/2017		L170000	094930
	Date of filing/registration in Florida	4.		Document number
(a)	DWYER, JAKOB			
(4)	Registered Agent and Registered Office shown on the records of a 1008 AIRPORT RD	he Florida	i Dept. of S	tate:
(b)	Registered Office Address (MUST BE FLORIDA STREET A			
	DESTIN FL	32541		
	Corporation Service Company			
	Enter name of NEW Registered Agent and/or NEW Registered			
	1201 Hays Street	HASSEE FL		
	NEW Registered Office Address:	STATE		
	Tallahassee, FL	32301		
nge nt w s/we	mited liability company is not organized under the law or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited lia re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	registere bility co f the lim	ed office a mpany, it ited liabi	and the business office of the registered t is hereby confirmed that the change(s) lity company or as otherwise provided in
David W. Reed			id W. Re	ed, Authorized Person
ignat	ure of a member or authorized representative of a member			Printed or typed name of signee
visio obli nere	y accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p gations of my position as registered agent as provided by reflect a change in the registered office address, I h I in writing of this change.	e to act performa for in C ereby co	in this ca ince of m Thapter 60 onfirm tha	pacity. I further agree to comply with the y duties, and I am familiar with and acce 05, F.S. Or, if this document is being filed at the limited liability company has been

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