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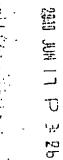
(Requestor's Name)							
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Codification of Status							
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Special Instructions to Filing Officer:							
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Office Use Only



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COVER LETTER

TO: Registration Section

Div	ision of Corporations					
SUBJECT:	Braden Land Surveying, LLC					
SOBJECT.	Name of Limited Liability Company					
Dear Sir or i	Madam:					
The enclose	d Registered Agent/Registered Offic	e Change and	fee(s) are submitted for filing.			
Please return	n all correspondence concerning this	matter to the	following:			
Lloyd J. B	Braden					
	Name of Person					
Braden La	and Surveying, LLC					
	Firm/Company					
10327 Hid	ckory Hill Drive					
 	Address					
Port Riche	ey, FL 34668					
	City/State and Zip Code					
lloyd@bra	adensurveying.com					
E-mail	address: (to be used for future annu	al report notif	lication)			
For further i	information concerning this matter, p	olease call:				
Lloyd J. B	raden	727	224-8758			
	Name of Person	(Area Code & Daytime Telephone Number			
Reg Div Clif 266	restriction Section ision of Corporations from Building 1 Executive Center Circle lahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				
Enc	closed is a check for the following a	imount:				
☑ \$	i25 Filing Fee	□ \$	55 Filing Fee & Certified Copy			
INHS18 (2/1-	4)					

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)	10327 Hickory Hill Drive	(_{b)} 10327 Н	ickory Hi	ill Drive		
. ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		/	-		d liability company TOFFICE BOX)	<i>י</i> :
	Port Richey, FL 34668		Port Rich	iey, FL 3	4668		
	6/22/2017		L1700013	6137			
	Date of filing/registration in Florida Lloyd J. Braden	4.		Document	number		_
. (a)	Registered Agent and Registered Office shown on the record 7741 Damask Ln	ls of the Floric	la Dept. of State:	:			
	Registered Office Address (MUST BE FLORIDA STRE	ET ADDRES	<u>s,</u>				
	New Port Richey	. FL 34654		;			
(b)	Lloyd J. Braden			:. ! }	20:19	* 15 37	
(~)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	ered Office at	idress:		Œ T	354 200 200	
	10327 Hickory Hill Drive			:			
	NEW Registered Office Address:			:	ل بيا نفخ		
	Port Richey	. FL 34668	}		œ		
			•				

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.

Signature of Registered Agent