1700153530

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
rtified Copies	_ Certificates	of Status
pecial Instructions to	Filing Officer:	
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J. HARRIS

COVER LETTER

TO:	Registration Section Division of Corporations						
	S&S Land and Facilities Mana	agement					
SUBJ	ret.	Name of Limited Liability Company					
Dear S	Sir or Madam:						
The e	nclosed Registered Agent/Registered Office	e Change and fe	ee(s) are s	ubmitted for filing.			
Please	e return all correspondence concerning this	matter to the fo	ollowing:				
Step	hanie W. Hofheinz		_				
	Name of Person						
S&S	Land and Facilities Management		_				
	Firm/Company						
407	0 County Hwy 280A		_				
	Address						
DeF	Funiak Springs, FL 32435						
	City/State and Zip Code						
ash	.hofheinz@gmail.com		_ , ,				
	E-mail address: (to be used for future annu	ual report notifi	cation)				
For f	further information concerning this matter,	please call:					
Ste	phanie W. Hofheinz	850 at ()	2623 			
	Name of Person	(Area Co	de & Daytime Telephone Number			
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Reg Div P.C	gistration vision of (). Box 63	‡orporations			
	Enclosed is a check for the following	g amount:					
	☑ \$25 Filing Fee	□ \$:	55 Filing	Fee & Certified Copy			
INF	IS18 (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.

Florida	i.				
I. Na	me of the limited liability company:	S&S Land and			
2. (a)	4070 County Hwy 280A		_ (b) <u>s</u>	ame 	
2. (a)	Principal office address of limited li (Note: MUST BE STREET)		_	Mailing addres	s of limited liability company: Y BE POST OFFICE BOX)
	DeFuniak Springs, FL 32435			_	
					_
	07/18/2017		L1	7000153530	
3.	Date of filing/registration i	n Florida	4.	Document	number
5. (a)	Arthur S. Hofheinz				
J . $(a_f$	Registered Agent and Registered Office sho	own on the records of t	he Florida Dep	t. of State:	
			<u>_</u>	<u></u>	
	Registered Office Address (MUST BE	FLORIDA STREET A	(DDRESS)		63
	4070 County Hwy 280A				
	DeFuniak Springs	, FL	32435	<u> </u>	ZOLI JUL
	Stephanie W. Hofheinz				SON CO COMPANY
(b)	Enter name of NEW Registered Agent and	d/or NEW Registered	Office addres	 	
		_			9. S
				<u> </u>	5 6
	NEW Registered Office Address:				·
	4070 County Hwy 280A			<u> </u>	
	DeFuniak Springs	, FL	32435		
the ch agent was/w	limited liability companyment orga ange or changes are made, the Floric will be identical. Or, in the case of a gree authorized by an affirmative vot ticles of organization or the operating	a street address of a Florida limited li e of the members of a agreement of the	the register ability comp of the limite limited liab	pany, it is hereby co d liability company nility company.	onfirmed that the change(s) or as otherwise provided in
	from 5. 10 January of a member or authorized representation	ve of a member		Arthur 5 Ho Printed or t	yped name of signee
I here proving the ob- to me notifie	eby accept the appointment as regist sions of all statutes relative to the pr bligations of my position as registere rely reflect a change in the registere ed in writing of this change.	ered agent and age oper and complete d agent as provide d office address. I ~	ree to act in performant d for in Che hereby conf	his capacity. I furce of my duties, and apter 605, F.S. Or, firm that the limited	rther agree to comply with the l I am familiar with and accep if this document is being filed I liability company has been
Signal	typhane w Hobba	** }			
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Division of Corporations • P.O. Box 6327 • Tallahassec, FL 32314 FILING FEE: \$25.00