

L17000217358

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

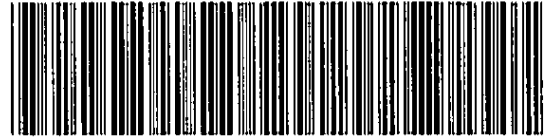
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700350378487

09/04/20--01014--023 **25.00

VS
6/19/20

Good Morning.

Sep. 2nd. 2020

My name is Jonathan N. Lundquist.

I would like to change the registered
Address ~~to~~ and registered Name information
in my company. Changes are as follows

Old Address: 916 Orienta Ave. Apt. D

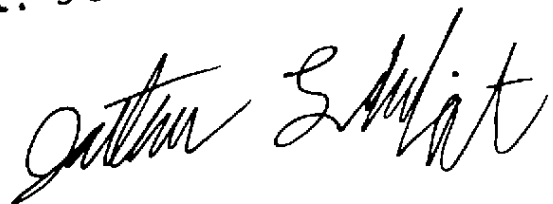
Altamonte Springs, FL. 32701

New Address: 356 Chelmsford Ct.
Kissimmee, FL. 34758

under the name : Lundquist Installation LLC.

Document #: 417000217358

Thank you. Jonathan N Lundquist



COVER LETTER

TO: Registration Section
Division of Corporations

LUNDQUIST INSTALLATION LLC

SUBJECT: _____
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JONATHAN N. LUNDQUIST

Name of Person

LUNDQUIST INSTALLATION LLC

Firm/Company

356 CHELMSFORD CT

Address

KISSIMMEE, FL. 34758

City/State and Zip Code

LUNDQUISTJ94@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JONATHAN N LUNDQUIST

910

303-1177

at () _____

Name of Person

Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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. Name of the limited liability company: _____
356 Chelmsford Ct. KISSIMMEE, FL. 34758

2. (a) _____
Principal office address of limited liability company:
*(Note: **MUST BE STREET ADDRESS**)*

(b) _____
Mailing address of limited liability company:
*(Note: **MAY BE POST OFFICE BOX**)*

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

356 Chelmsford Ct. KISSIMMEE, FL. 34758

NEW Registered Office Address:
356 Chelmsford Ct.

KISSIMMEE 34758
FL

INHS18 (2/14)