L17000217358

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)			
PICK-UP WAIT	MAIL			
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of	f Status			
Special Instructions to Filing Officer:				
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09/04/20--01014--023 **25.00

VS W/19/20

My name is Jonathan N. Londquist. I would like to change the Registered Address of and fegistered Name information
151 my company. Changes are as follows

old Address: 916 Orienta Ave. Apt. D Altamonte Springs, FL. 32701

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

: Londquist Installation LLC under the name

Document #: 47000217358

Thank your. Jonathan N Lundquist

gather Shift

COVER LETTER

TO:	Registration Section Division of Corporations				
	LUNDQUIST INSTALLATIO	N LLC			
SUBJ	JBJECT:Name of Limited Liability Company				
Dear S	Sir or Madam:				
The er	nclosed Registered Agent/Registere	d Office Change and I	fee(s) are submitted for filing.		
Please	return all correspondence concerni	ng this matter to the f	following:		
JONA	THAN N. LUNDQUIST				
	Name of Person		_		
LUND	QUIST INSTALLATION LLC				
	Firm/Company		_		
356 Cl	HELMSFORD CT				
	Address		<u> </u>		
KISSI	MMEE, FL. 34758				
	City/State and Zip Co	ode			
LUND	QUISTJ94@GMAIL.COM				
	E-mail address: (to be used for futur	e annual report notific	cation)		
For fu	rther information concerning this m	atter, please call:			
JONA	THAN N LUNDQUIST	910	303-1177		
		at ()		
	Name of Person		Area Code & Daytime Telephone Number		
	Mailing Address:		Street Address:		
	Registration Section		Registration Section		
	Division of Corporations		Division of Corporations		
	P.O. Box 6327		The Centre of Tallahassee		
	Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
	Enclosed is a check for the follo	wing amount:			
	■ \$25 Filing Fee	□ \$ 5	5 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.

I. Na	LUNDQUIST INS' me of the limited liability company:	TALLATIC	N LLC
2. (a)	356 Chelmsford Ct. KISSIMMEE, FL. 34758		56 Chelmsford Ct. KISSIMMEE, FL. 34758
(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	-	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	10/20/2017	 I,1	7000217358
. (a)	Date of filing/registration in Florida JONATHAN N LUNDQUIST / LUNDQUIST INSTALLAT	4. ΓΙΟΝ LLC	Document number
. (u)	Registered Agent and Registered Office shown on the records of th (old address) 916 Orienta Ave. apt. d. Altamonte Sprin		
	Registered Office Address 916 Orienta Ave. APT. D	DDRESS)	· ··········
	ALTAMONTE SPRINGS 3	32701	
/L\	LUNDQUIST INSTALLATION LLC / (new address) 356 Chelmsford Ct. KISSIMMI	E, FL34758	
(b)	Enter name of NEW Registered Agent and/or NEW Registered C	Office addre	<u>ss</u> :
	356 Chelmsford Ct. KISSIMMEE, FL. 34758		
	NEW Registered Office Address: 356 Chelmsford Ct.		
	KISSIMMEE 3	34758	
hange gent w vas/we	mited liability company is not organized under the laws or changes are made, the Florida street address of the record in the case of a Florida limited liab re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the liable.	egistered onlity comp the limite mited liab	office and the business office of the registered any, it is hereby confirmed that the change(s) is liability company or as otherwise provided in
Signat	ure of a member or authorized representative of a member		Printed or typed name of signee
rovisio he obli o mere	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete po- igations of my position as registered agent as provided by reflect a change in the registered office address, I he I in writing of this phange.	e to act in erformand for in Cha ereby confi	this capacity. I further agree to comply with the e of my duties, and I am familiar with and accept pter 605, F.S. Or, if this document is being filed rm that the limited liability company has been
Signatur	e of Registered Agent		