## L17000238308

(Requestor's Name)				
(Address)				
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PICK-UP WAIT MAIL				
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## COVER LETTER

TO:

INHS18 (2/14)

Registration Section

**Division of Corporations** STR8DER SERVICES 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: MYRON STRADER Name of Person STR8DER SERVICES LLC Firm/Company 11537 SE SHELFER AVE Address ARCADIA, FL 34266 City/State and Zip Code MYRONSTRADER74@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MYRON STRADER 941 626-0936 Name of Person Area Code & Daytime Telephone Number **Mailing Address: Street Address:** Registration Section Registration Section **Division of Corporations** Division of Corporations The Centre of Tallahassee P.O. Box 6327 Tallahassee, FL 32314 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

## 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.

2. (a)	11537 SE SHELFER AVE. ARCADIA, FL 34266	(b) 1	1537 SE SHELFER AVE. ARCADIA, FL 34266	
. (u)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)	
	11/17/2017	 L1'	7000238308	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	JEDIDIAH D. STRAĐER			
(b)	Registered Agent and Registered Office shown on the records o  MANAGER  Registered Office Address (MUST BE FLORIDA STREET  11537 SE SHELFER AVE.	ept. of State:		
	ARCADIA . F	L_34266		
	JEDIDIAH D. STRADER		SECRE I	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	d Office addre	FILE STORY 25	
	MEMBER		Y OF A	
	NEW Registered Office Address:			
	11537 SE SHELFER AVE		AIE AIO	
	ARCADIA , F	L	- 1½	
change agent v was/we	imited liability company is not organized under the later or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited large authorized by an affirmative vote of the members cles of organization or the operating agreement of the	iws of the Sta è registered c iability comp of the limited e limited liab	office and the business office of the registered bany, it is hereby confirmed that the change(s) d liability company or as otherwise provided in	
Signa	ture of a member or authorized representative of a member	21/1/11/11	Printed or typed name of signee	
I herei provisi the obl to mere	by accept the appointment as registered agent and agons of all statutes relative to the proper and complete igations of my position as registered agent as providely reflect a change in the registered office address, I I in writing of this change.	ree to act in e performanc ed for in Ch <b>a</b> hereby co <b>nfi</b>	this capacity. I further agree to comply with the	

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

**FILING FEE: \$25.00** 

Signature of Registered Agent