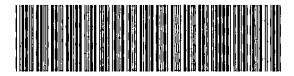
## L18000008342

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Samusa Zimi, Marie)
(Document Number)
(Document Number)
Cartificat Carries Cartification of Status
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01/21/20--01015--001 \*\*20.09

C. GOLDEN FEB 1 9 2020

## **COVER LETTER**

Division of Corporations	
Lance Gifford, LLC SUBJECT:	
Name	of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office	Change and fee(s) are submissed for Silver
Please return all correspondence concerning this r	
the second secon	natter to the following:
Lance Gifford	
Name of Person	<del></del> _
Lance Gifford, LLC	
Firm/Company	
1971 W. Lumsden Road #138	
Address	
Brandon, FL 33511	
City/State and Zip Code	
spiper@dbalexander.com	
E-mail address: (to be used for future annual r	report notification)
For further information concerning this matter, plea	ase call:
Sandy Piper	978 772-1400
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 following amo	unt:
■ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy
JHS18 (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.

(a)	1971 W. Lumsden Road #138	(	(b) 1971 W. Lumsden Road #138			
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)			
	Brandon, Fl 33511	<del></del>	Brandon, I	FL 33511	<del></del>	
	01/09/2018		L180000083	342		
(a)	Date of filing/registration in Florida Rae's Accounting	4.		Document number		
	Registered Agent and Registered Office shown on the records Rae's Accounting, LLC Registered Office Address (MUST BE FLORIDA STREET			- <b>:</b> .	2920	
	200 Frandorson Cir Ste 210 Apollo Beach	FL			12 168	
	Enter name of NEW Registered Agent and/or NEW Register  Lance Gifford  NEW Registered Office Address:  1971 W. Lumsden Road #138	ed Office add	lress:		8: 12	
-		FL 33511	<del></del>			
will vere ticl	nited liability company is not organized under the last changes are made, the Florida street address of the libe identical. Or, in the case of a Florida limited les authorized by an affirmative vote of the members es of organization or the operating agreement of the canter of a member or authorized representative of a member	aws of the Sie registered iability con of the limited lia Lance	office and apany, it is led liability bility comp	the business office on the property confirmed that company or as other any.  Printed or typed name of second controls.	f the registered it the change(s) wise provided in	n 
by ion liga ely d ii	accept the appointment as registered agent and ag is of all statutes relative to the proper and complete ations of my position as registered agent as provide reflect a change in the registered office address, I neferting of this change	ree to act in performan ed for in Ch hereby con			-	he ept ed

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00