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COVER LETTER

TO: Registration Section Division of Corporations

5112 STACY ROAD 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:

Ryan S. Shipp

Name of Person

Law Office of Ryan S. Shipp PLLC

Firm/Company

814 W. Lantana Road, Suite 1

Address

Lantana, FL 33462

City/State and Zip Code

ryan@shipplawoffice.com

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

For further information concerning this matter, please call:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

Registration Section

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

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.

1. Nai	5 me of the limited liability company:	5112 STACY		LLC		
	1921 S. Dixie Hwy				Dixie Hwy	
2. (a) <u>-</u>	Principal office address of limited liabil (Note: MUST BE STREET ADD	ity company:	_ (0)	N	failing address of limited (<u>Note: MAY BE POST</u>	l liability company:
	West Palm Beach, FL 33407		_	West Pa	Im Beach, FL 33	407
	01/11/2018			L180000	09190	
3. 5. (a)	Date of filing/registration in F Adam R. Seligman, Esq.	lorida	4.		Document number	<u> </u>
5. (a)	Registered Agent and Registered Office shown 4420 Beacon Circle	on the records of th	ue Florida	Dept. of State	:	19 OCT 28 PH 4: 09
	Registered Office Address (MUST BE FLO	RIDA STREET A	DDRESS)			128 P
	West Palm Beach		33407			H 4: 0
, (b)	Law Office of Ryan S. Shipp PL	LC				
	Enter name of <u>NEW Registered Agent</u> and/or <u>814 W. Lantana Road</u>	NEW Registered (Office add	ress:		
	<u>NEW</u> Registered Office Address: Suite 1					
	Lantana	, FL	33462			
the cha agent w was/we	mited liability company is not organize nge or changes are made, the Florida st vill be identical. Or, in the case of a Flo re authorized by an affirmative vote of cles of organization or the operating ag	reet address of t orida limited lia the members of	the regis bility co f the limi limited li	tered office npany, it is ted liability	and the business of hereby confirmed t company or as othe pany.	fice of the registered hat the change(s)
Signat	ure of a member or authorized representative of	a member			Printed or typed name of	of signee
provisi the obli to mere	by accept the appointment as registered ons of all statutes relative to the proper igations of my position as registered ag by reflect a change in the registered off I in writing of this change.	l agent and agre c and complete f ent as providea fice address, 1 h	ve to act performa I for in C pereby co	in this capa nce of my a hapter 605 nfirm that a	icity. I further agre- luties, and I am fam , F.S. Or, if this doc the limited liability o	e to comply with the iliar with and accept ument is being filed company has been
Signatur	re of Registored Agent					
	Division of Corpor	ations• P.O. B FILING FI			see, FL 32314	

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