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COVER LETTER

TO: Registration Section Division of Corporations	
SG&G FLORIDA LLC SUBJECT:	
Name of Lin	nited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Chan	ge and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	to the following:
ANTHONY A GEDEON	
Name of Person	
SG&G FLORIDA LLC	
Firm/Company	
8 FERNON LANE	
Address	
PALM COAST, FL 32137	
City/State and Zip Code	
anthonygedeon@gmail.com	
E-mail address: (to be used for future annual repor	rt notification)
For further information concerning this matter, please c	alt:
Anthony A Gedeon 90	04 669-6669
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

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. N	ame of the limited liability company: SG&G FLORIDA	A LLC						
2. (a)			(b)					
, ,	Principal office address of limited liability company:	· 	` ′		Mailing address o			
	(Note: MUST BE STREET ADDRESS) 8 FERNON LANE			8 FERNO	(<u>Note: MAY B</u> ON LANE	E POST OF	<u> </u>	<u>0x</u>)
		_						.
	PALM COAST FL 32137			PALM CO	OAST FL 32137			
	1/22/2018		l	.18000018	8702			
3.	Date of filing/registration in Florida	4.	_		Document nur	nber		
5. (a)								
(a)	Registered Agent and Registered Office shown on the records of ANTHONY A GEDEON	the Flori	da	Dept. of Sta	ate:			
	Registered Office Address (MUST BE FLORIDA STREET.	ADDRE.	SS					
	10 CROSSLEAF CT W							
	PALM COAST FI	32137			_			
					_	#1.0n	20	
(b)	Enter name of NEW Registered Agent and/or NEW Registered		<u>.</u> .		_	<u> </u>	20 F	
	Enter name of NEW Registered Agent and/or NEW Registered	Office :	ıdo	FESS!			2020 FEB	
	ANTHONY A GEDEON				_	2 2	27	
	NEW Registered Office Address:			· -		<u> </u>	Hq	
	8 FERNON LANE					<u>=:</u>]	5:	
						킾	=	
	PALM COAST, FI.	32137			_			
change agent was/w the art Signa I here provis the object to mer notifie	limited liability company is not organized under the law e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liable ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the law accept the appointment as registered agent and agriculture of all statutes relative to the proper and complete ligations of my position as registered agent as provide the reflect a change in the registered office address, I in a frequency of this change.	registe ability of the limited —	erecon mi l li	d office ar npany, it is ted liability cor ANT	nd the business is hereby confir ty company or a mpany. THON Y Printed or typed pacity. I further	office of the med that the state of the med that the state of the median of the state of the sta	ne regis he char se prov E 17 E	stered nge(s) ided in with the