## 1180000 73387

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

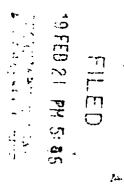




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## COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJ	ect: Lise	ne of Limited Liability Company				
	Nar	ne of Limited Liability Company				
Dear S	ir or Madam:					
The en	closed Registered Agent/Registered Off	fice Change and fee(s) are submitted for filing.				
Please	return all correspondence concerning th	nis matter to the following:				
	Lisa Led Kins Name of Person	- 				
<del>-1</del>	Lisa LadKins LM Firm/Company	T, PLUC				
	1050 6 Sable drive Address	APT B				
<del></del>	Pensacola, FLUS 325 City/State and Zip Code	114				
E	-mail address: (to be used for future and	nual report notification)				
For fur	ther information concerning this matter,	please call:				
	Lisa Ledkins	at (850) 450-7400				
	Name of Person	Area Code & Daytime Telephone Number				
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: 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				

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.

1. Na	Name of the limited liability company:	sa Ledkins	LMT PLLC	
2. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Lisc LCAICINS  Mailing address of limited li  (Note: MAY BE POST O	
	ለστ B		1050 B. Sable	
	1050 B subjective Pensacola,	<u> </u>	ensecola, FL. 453	
3.	March 31, 3018  Date of filing/registration in Florida	4.	LI 80000 Document number	73387
5. (a)	Registered Agent and Registered Office shown on the records of the	nited States (b)	Acration Agents, In	nc.
	13302 Winding Oak Court, Suit Registered Office Address STUST BE FLORIDA STREET AL  13302 Winding Cak Court, Suit  Tampa FL			
	13302 winding cak court, suit	e A	·	12 E
	Tanpa FL	33612		至 0
(b)	Enter name of NEW Registered Agent another NEW Registered O	ffice address:		in the second
	NEW Registered Office Address:			
	Ansarola .FL.	us 32514		
the cha agent v was/we the arti	Imited liability company is not organized under the laws hange or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liabwere authorized by an affirmative vote of the members of tricles of organization or the operating agreement of the li	ne registered office fility company, it is the limited liability	e and the business offic s hereby confirmed that y company or as othery	e of the registered t the change(s)
Signa	Misc Todkius LMT nature of a mymber or abhorized representative of a member		Lisa Ledkins Printed or typed name of s	LMT
I here provisi the obl to mer notifica	reby accept the appointment as registered agent and agred sions of all statutes relative to the proper and complete po- bligations of my position as registered agent as provided trely reflect a change in the registered office address, I he ed in writing of this change.	e to zet in this can	acity. I further aaree t	- o combu with the
Signatu	ture of Registered Speni			