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COVER LETTER

TO: Registration Section Division of Corporations

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American Landworks, 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:

Rebecca A. McDonald

Name of Person

Dickinson & McDonald, P.A.

Firm/Company

Post Office Box 1626

Address

DeLand, Florida 32721-1626

City/State and Zip Code

becky@dickinsoncpa.com

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

For further information concerning this matter, please call:

Rebecca A. McDonald	386 734-3978 at ()
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 amount:

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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)	;		(b)	
	Principal office address of limited liability company: (<u>Note: MUST BE STREET ADDRESS</u>)			Mailing address of limited liability compan (Note: MAY BE POST OFFICE BOX)
	1252 Biscayne Boulevard		Post Offic	e Box 134
	DeLand, Florida 32720		Lake Hele	en, Florida 32744
	April 3, 2018		L18000083	861
	Date of filing/registration in Florida	4.		Document number
(a)	Jonathan Walden			
. ,	Registered Agent and Registered Office shown on the record			—
. ,				
	Registered Office Address (MUST BE FLORIDA STRE 416 North Summitt Avenue	ET ADDRE	<u>::ss)</u>	_
	Registered Office Address (MUST BE FLORIDA STRE	ET ADDRE	<u>::ss)</u>	_
(b)	Registered Office Address (MUST BE FLORIDA STRE 416 North Summitt Avenue	ET ADDRE	<u>::ss)</u>	_
	Registered Office Address (MUST BE FLORIDA STRE 416 North Summitt Avenue Lake Helen	ET ADDRE	<u></u>	_
	Registered Office Address <u>(MUST BE FLORIDA STRE</u> 416 North Summitt Avenue Lake Helen Brandon Coker	ET ADDRE	<u></u>	_
	Registered Office Address <u>(MUST BE FLORIDA STRE</u> 416 North Summitt Avenue Lake Helen Brandon Coker Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	ET ADDRE	<u></u>	_
	Registered Office Address (MUST BE FLORIDA STRE) 416 North Summitt Avenue Lake Helen Brandon Coker Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> B	ET ADDRE	<u></u>	
	Registered Office Address (MUST BE FLORIDA STRE) 416 North Summitt Avenue Lake Helen Brandon Coker Enter name of NEW Registered Agent and/or NEW Registered B NEW Registered Office Address:	ET ADDRE	<u></u>	_

agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

oka

Signature of a member or authorized representative of a member

Brandon Cover Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

<u>Signature of Registered Agent</u>

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