## 1180001359100

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## **COVER LETTER**

TO:	Registration Section Division of Corporations				
SUBJ	Jonathan Dale Lane, LLC				
	Name of Limited Liability Company				
Dear S	Sir or Madam:				
The er	nclosed Registered Agent/Registered Offi	ce Change and	d fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:					
Jona	than Lane				
	Name of Person		<del></del>		
Jona	than Dale Lane, LLC				
	Firm/Company		<del></del>		
1529	1 Phillips Road				
	Address				
Odes	sa, Fl 33556				
	City/State and Zip Code		·		
lanea	automotive69@gmail.com				
Ī	E-mail address: (to be used for future ann	ual report noti	fication)		
For fu	rther information concerning this matter,	please call:			
Jonat	than Lane	813	446-3338		
	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	Ro D P.	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	<b>□</b> \$	55 Filing Fee & Certified Copy		
INHSI	8 (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	ime of the limited liability company:	e Lane, LLC		
2. (a)	Jonathan Lane	(b) Jonathan Lan	e	
` '	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing a	address of limited liability company:  MAY BE POST OFFICE BOX)	
	15291 Phillips Road	15291 Phillips	Road	
	Odessa, FI 33556	Odessa, Fl 33	556	
	May 31, 2018	L18000135960	)	
3.	Date of filing/registration in Florida	4. Docur	ment number	
5. (a)	Linda Hales			
()	Registered Agent and Registered Office shown on the records of Linda Hales	he Florida Dept, of State:		
	Registered Office Address (MUST BE FLORIDA STREET A	(DDRESS)		
	Odessa, FL	33556	ili.	
(b)	Jonathan Lane		NON PLANTAGE AND A PL	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office address:	-9	
	Jonathan Lane		A IT	
	NEW Registered Office Address:			
	15291 Phillips Road	<u></u>		
	Odessa .FL	33556		
he cha gent v vas/we he arti	imited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia- ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the registered office and the shility company, it is hereby the limited liability complimited liability company.  Jonathan Lane	he business office of the registere by confirmed that the change(s) beany or as otherwise provided in	
_	ture of a member or authorized representative of a member		d or typed name of signee	
provisi he obl o mere	by accept the appointment as registered agent and agr ons of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address, I i I in writing of this change.	ee to act in this capacity. , performance of my duties, I for in Chapter 605, F.S. iereby confirm that the lim	i juriner agree to comply with th and I am familiar with and acce Or, if this document is being file ited liability company has been	

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