

L18000142059

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

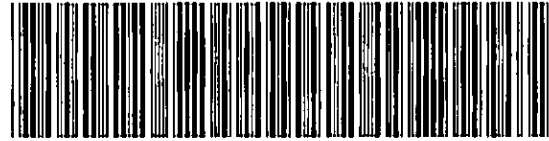
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200373195532

09/16/21--01005--016 \*\*25.00

FILED  
2021 SEP 16 AM 10:39  
SECURITY  
FALL MASSACHUSETTS

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: WILLASH PROPERTIES LLC  
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:

SHARON J. LIGHTFOOT  
Name of Person

WILLASH PROPERTIES LLC  
Firm Company

1839 LEMAY DR NE  
Address

PALM BAY FL 32905  
City/State and Zip Code

Rbjinx161@aol.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SHARON LIGHTFOOT at (317) 403-1855  
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.

1. Name of the limited liability company: WILLASH PROPERTIES LLC

2. (a) 1839 LEMAY DR NE

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

PALM BAY, FL 32905

(b) SAME

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

3. 06/08/2018  
Date of filing/registration in Florida

4. L18000142059  
Document number

5. (a) SHARON J. LIGHTFOOT

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

10313 BELFRY CIRCLE

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

ORLANDO, FL 32832

(b) SHARON J. LIGHTFOOT

Enter name of NEW Registered Agent and/or NEW Registered Office address:

1839 LEMAY DR NE

NEW Registered Office Address:

PALM BAY, FL 32905

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered 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.

William S. Lightfoot

Signature of a member or authorized representative of a member

WILLIAM S. LIGHTFOOT

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.

Sharon J. Lightfoot

Signature of Registered Agent

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

FILE FEE: \$25.00

FILED  
2021 SEP 16 AM 10:39  
TALLAHASSEE, FL  
SECRETARY OF STATE