

L18000146827

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Lamar Steadham 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:

Lamar Steadham  
Name of Person

Firm/Company

1852 SW 79<sup>th</sup> Drive  
Address

Gainesville, FL 32608  
City/State and Zip Code

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

For further information concerning this matter, please call:

Lamar Steadham at (352) 538-0737  
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

*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:*

- Gainesville, FL 32608

- Gainesville, FL 32609

Signature of Registered Agent