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(Red	questor's Name)	
(Add	dress)	
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(City	//State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to I	Filing Officer:	
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COVER LETTER

TO: Registration Section Division of Corporations	•
SUBJECT: Camar C Name of	Peachan LLC f Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office C	Change and fee(s) are submitted for filing.
Please return all correspondence concerning this ma	atter to the following:
Name of Person	
Firm/Company	
7852 SW 79th Drig	1e)
City/State and Zip Code	240E)
E-mai) address: (to be used for future annual i	report notification)
For further information concerning this matter, plea	ise call:
Name of Person a	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

\$25 Filing Fee

Enclosed is a check for the following amount:

☐ \$55 Filing Fee & Certified Copy

Tallahassee, FL 32303

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: laman Stach am UC
2. (a) 78572 SW 79 th Drive (b) 7852 SW 79th Drive Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
Gainesville, 932608 Gainesville, FC 32608
(32) 12) 12) 12) 12) 12) 12) 12) 12) 12) 1
6·14·2018 L18000146827
3. Date of filing/registration in Florida 4. Document number
V_{α} = V_{α} V_{α} V_{α}
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
7852 SW 79th Drive
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
Gainesville PL 37608
(b) The Steatham Moodard Family Revocable 1rus, 11/2007
(b) The Steatham Mondard Family Revocable Trust, 1/3/2002, Enter name of NEW Registered Agent and/or NEW Registered Office Address: Lamar Steadham TTEE
78525W 79 th Drive NEW Registered Office Address:
1915 Tregistered Office Address.
(names 1/2) 271008
1. 32000
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.
Signature of a member or authorized representative of a member Printed or typed name of signee
Signature of a member or authorized representative of a member 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
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.
Signature of Aregistered Agent