L18000152878

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(Requestor's Name)						
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(City/State/Zip/Phone #)	_					
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
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Special Instructions to Filing Officer:						
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Office Use Only

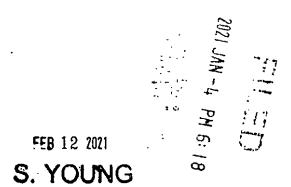


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COVER LETTER

TO:

TO:		ion Section of Corporations						
SUBJE		RMONT LLC						
		Name of Limited Liability Company						
Dear S	ir or Mada	ım:						
The en	closed Re	gistered Agent/Registered (Office Change and	fee(s) are submitted for filing.				
Please	return all	correspondence concerning	this matter to the	following:				
DOND	RICK D B	ROOKS						
•		Name of Person						
VERM	ONT LLC							
		Firm/Company						
6945 N	IORSE AV	Έ ΛΡΤ 224						
		Address						
JAX FI	L 32244							
		City/State and Zip Code	e					
Donbol	lita3@gmai	1.com						
E	-mail add	ress: (to be used for future of	innual report notif	ication)				
For fur	ther inform	nation concerning this matt	er, please call:					
BEN S	PIVEY		904 at (862-9554				
	1	Name of Person	III (Area Code & Daytime Telephone Number				
	Registra Division P.O. Bo	Address: tion Section of Corporations x 6327 see, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
	Enclosed	t is a check for the followi	ng amount:					
	□ \$25 F	iling Fee	■ \$	55 Filing Fee & Certified Copy				
INHSIS	8 (2/14)							

TATEMENT 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.

. Na	ame of the limited liability company: VERMONT LLC	· -				
. (a)	9907 8th st #1269 Gotha FL 34734		(b) 9907 8th st #1269 Gotha Fl 34734			
, ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	6/21/2018		L18000153	2878		
	Date of filing/registration in Florida BEN SPIVEY, B SPIVEY	4.		Document number		
. (a)	Registered Agent and Registered Office shown on the records of 9907 8th st #1269 GOTHA FL 34734	ate:				
	Registered Office Address (MUST BE FLORIDA STREET) 9907 8th st#1269	202				
	GOTHA , FL	34734		1021 JAN -4		
(b)	DONDRICK D BROOKS					
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	PH III				
	6945 Morse Ave Apt 224 JACKSONVILLE FL 32244	· • • • • • • • • • • • • • • • • • • •				
	NEW Registered Office Address:			_		
	6945 Morse Ave Apt 224			_		
	JACKSONVILLE, FL	32244		_		
hange gent v vas/we	imited liability company is not organized under the law e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited line are authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	registere ability co of the lim limited l	ed office an impany, it iited liabili	nd the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in		
Signa	ture of a member or authorized representative of a member		4 (31 1 4 1, 1	Printed or typed name of signee		
rovisi le obl) mere	by accept the appointment as registered agent and agrions of all statutes relative to the proper and complete igations of my position as registered agent as provided ely reflect a change in the registered office address, I I I in writing of this change.	ree to act perform d for in C hereby co	in this cap ance of my hapter 60 onfirm that	pacity. I further agree to comply with the duties, and I am familiar with and accep 5, F.S. Or, if this document is being filed the limited liability company has been		
Signatu	re of Registered Agent					