

L18 000 165159

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

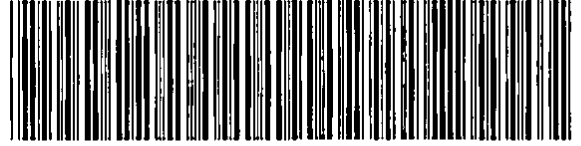
(Business Entity Name)

(Document Number)

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2019 AUG -5 PM 1:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 12 2019

**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: Shannette Williams Agency L

2. (a) 3201 SW 42nd Street, Gainesville, FL 32608 (b) 3201 SW 42nd St Ste 10

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

(Note: **MAY BE POST OFFICE BOX**)

Ste 100

Gainesville FL 32608

Gainesville, FL 32608

7-9-2018

L18000165159

3. Date of filing/registration in Florida

4. Document number

5. (a) United States Corporation Agents Inc
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

5575 S. Semoran BLVD

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Ste 36

Orlando

FL 32822

(b) Shannette Duncan

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

3201 SW 42nd Street, Ste 100

NEW Registered Office Address:

Gainesville

FL 32608

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.

Shannette Duncan

Signature of a member or authorized representative of a member

Shannette Duncan

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.

Shannette Duncan

Signature of Registered Agent

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

FILING FEE: \$25.00