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Office Use Only	FEB 1 8 2020 S. YOUNG

COVER LETTER

TO: **Registration Section Division of Corporations**

hange Name of Registered SUBJECT:

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:



For further information concerning this matter, please call:

Sandy Kelly Holewinski at (352) 406 - 4784 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

X \$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.

I. Na	me of the limited liability company: $\underline{\mathbf{S}} \alpha$	ndy	Kelly	Real	ty. PLLC	
2. (a)	25556 Belle Alliahce Principal office address of limited liability compan (Note: MUST BE STREET ADDRESS)	<u></u>	(b)	Mailing a	ddress of limited liabilit MAY BE POST OFFI	
	Leesburg, FL 34748					
3.	August 20,2018 Date of filing/registration in Florida	4		Docum	<u>8DVO 199 36</u> ent number	91
5. (a)	United States Corporat Registered Agent and Registered Office shown on the reco 5575 S. Semoran Blu Registered Office Address (MUST BE FLORIDA ST	ords of the F	lorida Dept. o UI te	f State:	77.02 151.00 151.00 1020 1020 1020 1020 1020 1020 1020	
(b)	Orlando Sandy Kelly Holewing Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Reg</u>			<u> </u>	2020 JAN 21 AM 7: 0 DEPARTMENT OF STATE WYISION OF CORPORATION MULLAHASSEE, FLORE	ILED
	25556 Belle Alliana NEW Registered Office Address:	ce				
	Leesburg	, FL	3474	·§		
change agent v was/we the arti	imited liability company is not organized under t or changes are made, the Florida street address will be identical. Or, in the case of a Florida limi ere authorized by an affirmative vote of the mem cles of organization or the operating agreement of many Welly Holewark ture of a member or authorized representative of a member	of the regi ited liabilit ibers of the of the limi	stered offic ty company c limited lia ted liability	ce and the bu /, it is hereby ability company. / company.	isiness office of the confirmed that the	registered change(s) provided in
I here provisi the obl to mere	by accept the appointment as registered agent ar ions of all statutes relative to the proper and con ligations of my position as registered agent as pr ely reflect a change in the registered office addre d.in writing of this change.	nd agree to	o act in this ormance of in Chapte by confirm	capacity. I f my duties, i r 605, F.S. (that the limi	further agree to coi and I am familiar w Or, if this document ted liability compar	mply with the ith and accept is being filed iy has been

Signature of Registered Agent

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Division of Corporations• P.O. Box 6327• Tallahassee, FL 32314 FILING FEE: \$25.00

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