

L18 000 224504

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

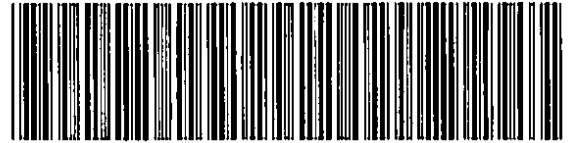
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

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D. BRUCE
AUG 23 2020

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Residual for Freedom, LLC
Name of Corporation

DOCUMENT NUMBER: L18000224504

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Nidia Delgadillo

Name of Contact Person

Veil Corp.

Firm/Company

1187 N. 1200 W. Ste. 300

Address

Orem, UT 84057

City/State and Zip Code

renewals@veil.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nidia Delgadillo at (888) 727-7387
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
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: Residual for Freedom LLC

2. (a) _____ (b) _____
 Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) *(Note: MAY BE POST OFFICE BOX)*

4600 Summerlin rd., Ste C-2, Unit 453 4600 Summerlin rd., Ste C-2, Unit 453
Fort Myers, FL 33919 Fort Myers, FL 33919

9/21/2018 L18000224504

3. _____ Date of filing/registration in Florida 4. _____ Document number

5. (a) LEGALIN CORPORATE SERVICES INC
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address: *(MUST BE FLORIDA STREET ADDRESS)*
5237 SUMMERLIN COMMONS STE. 400
FORT MYERS, FL 33907

(b) Registered Agents Inc.
 Enter name of NEW Registered Agent and/or NEW Registered Office address:

7901 4th St N
NEW Registered Office Address:
STE 300
St. Petersburg, FL 33702

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 TALLAHASSEE, FL

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 LEROY VAN DER HEYDE
 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.

Bill Havre Bill Havre - Assistant Secretary
 Signature of Registered Agent