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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
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SCORTANCE STATE

APR 07 2020 M. SOLOMON

COVER LETTER

TO:

INHS18 (2/14)

TO:	Registration Section Division of Corporations				
SUBJI	Reps on a Mission, LLC				
Name of Limited Liability Company					
Dear S	ir or Madam:				
The en	closed Registered Agent/Registered Offic	ee Change and fee(s) are submitted for filing.			
Please	return all correspondence concerning this	matter to the following:			
Austin	Riddaugh				
	Name of Person				
Reps	on a Mission, LLC				
	Firm/Company				
37403	Church Avenue				
	Address				
Dade (Dity, FL 33525				
	City/State and Zip Code				
ariddaı	ugh@yahoo.com				
E	-mail address: (to be used for future annu	al report notification)			
For fur	ther information concerning this matter, p	please call:			
		352			
Austin	Riddaugh	999-1318 at ()			
	Name of Person	Area Code & Daytime Telephone Number			
	Mailing Address:	Street Address:			
	Registration Section	Registration Section			
	Division of Corporations	Division of Corporations			
	P.O. Box 6327	The Centre of Tallahassee			
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810			
		Tallahassee, FL 32303			
	Enclosed is a check for the following a	amount:			
	№ \$25 Filing Fee	☐ \$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.

1. N	lame of the limited liability company: Reps on a Mis	sion, LL	С		
2. (a)		(h)		
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	·· '		Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)	r:
	37403 Church Avenue		37403 Ch	nurch Avenue	
	Dade City, FL 33525		Dade City	/, FL 333525	
	08/24/2018		L18000225	5395	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a	Registered Agent and Registered Office shown on the records of			_	
		the Florid	a D ep t, of State	c:	
	Gary D. Riddaugh			_	
	Registered Office Address (MUST BE FLORIDA STREET. 37403 Church Avenue	<u>ADDRES.</u>	<u>S)</u> 	756 756 758	3 3 3 3 3
	Dade City , FI	33525			
(b)				#3 °	n ,
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office ac	idress:	OF STA	
	Austin Riddaugh			ATE: ATE:	1
	NEW Registered Office Address:			_	
	37403 Church Avenue			_	
		3_:	3525	_	
chang agent was/w	limited 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 lia- vere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	register ability co of the lin	ed office and ompany, it is nited liability	d the business office of the registere s hereby confirmed that the change(s y company or as otherwise provided	d s)
	austin Ridday	Aus	stin Riddaugi		
-	ature of a member or authorized representative of a member			Printed or typed name of signee	
provis the ob to men	eby accept the appointment as registered agent and agressions of all statutes relative to the proper and complete ligations of my position as registered agent as provided rely reflect a change in the registered office address, I had in writing of this change.	ee to act perform d for in (hereby c	t in this capa ance of my a Chapter 605, onfirm that t	acity. I further agree to comply with duties, and I am familiar with and ac i, F.S. Or, if this document is being j the limited liability company has bee	the scept filed in
Signa	ure of Projectered Agent				

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