118000229658

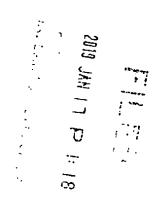
(Requestor's Name)							
(110	.400000.0 (40000)						
(Address)							
(Address)							
(Cit	ty/State/Zip/Phon	e #)					
☐ PICK-UP	☐ WAIT	MAIL					
(Bu	ısiness Entity Nar	me)					
(Do	cument Number)						
Certified Copies	Certificate	s of Status					
							
							
Special Instructions to	Filing Officer:						

Office Use Only



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JAN 24 2017 T. LESSIEUX

COVER LETTER 4

Registration Section

TO:

Divi	sion of Corporations					
SUBJECT:	Lilgaspar Properties, LLC Name of Limited Liability Company					
SUBJECT:						
Dear Sir or N	Madam:					
The enclosed	l Registered Agent/Registered Offi	ce Change and	fee(s) are submitted for filing.			
Please return	all correspondence concerning thi	s matter to the	following:			
Karin Amn	nons					
	Name of Person		_			
Cassels &	McCall					
	Firm/Company		-			
PO Box 96	38					
	Address		<u> </u>			
Okeechob	ee, FL 34973					
	City/State and Zip Code					
steve.bran	itley@yahoo.com					
E-mail	address: (to be used for future annual	ual report notifi	cation)			
or further in	nformation concerning this matter,	please call:				
arin Amn		863	763-3131			
	Name of Person	- ''' (Area Code & Daytime Telephone Number			
Regi Divis Clift 2661	EET/COURIER ADDRESS: stration Section sion of Corporations on Building Executive Center Circle shassee, Florida 32301	Reg Div P.C	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 lahassee, Florida 32314			
Encl	osed is a check for the following	amount:				
2 \$3	25 Filing Fee	□ \$5	5 Filing Fee & Certified Copy			
318 (2/14)					

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. Na	ame of the limited liability company:	perties	, LLC				
2. (a)	1901 S Parrott Avenue	(b) 1365 US Highway 441 SE					
2. (4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(Mailing addres	s of limite	d liability	
	Okeechobee, FL 34974		Okeech	obee, FL	34974		
	09/27/2018		L180002	29658			
3.	Date of filing/registration in Florida	4.		Document	number		
5. (a)	Mark J. Ford						
(4)	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of State				
	1901 S Parrott Avenue						
	Registered Office Address (MUST BE FLORIDA STREET)	IDDRESS	2	-			
						~	
	Okeechobee	34974			, ,	2019	44 2014
	, rL			-		JAN	÷
(b)	Marvin Steven Brantley				:	-	; res
. ,	Enter name of NEW Registered Agent and/or NEW Registered	Office add	dress:	-	•	70	
	1365 US Highway 441 SE				: .	7.7	٠ , ٠
	NEW Registered Office Address:		•	-		<u>~</u>	
	Okeechobee	34974					
	, FL		 	•			
the cha agent w was/we	mited liability company is not organized under the law nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia- tre authorized by an affirmative vote of the members of cles of figurization of the operating agreement of the	the regisability confitments f the limited li	tered office mpany, it is ited liability	e and the bus s hereby con y company c ipany.	siness of ıfirmed t	ffice of t that the o	he registered change(s)
Signat	ure of a member or authorized representative of a member			Printed or typ	ed name o	of signee	
rovisii he obli o mere otified	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I have in writing of this change.	ee to act performa I for in C iereby ca	in this cape ince of my e chapter 605 infirm that i	acity, I furth luties, and I , F.S. Or, if the limited I	her agre lam fam lthis doc iability c	e to con iliar wit cument i company	iply with the h and accept s being filed has been