(Day					
(Requestor's Name)					
(Add	(Address)				
(Address)					
(City	//State/Zip/Phon	e #)			
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PICK-UP	WAIT	MAIL			
(Bus	siness Entity Na	me)			
(Doc	cument Number	<u> </u>			
Certified Copies	Certificate	s of Status			
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Special Instructions to F	Filing Officer:				

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I ALBRITTON

## COVER LETTER

	Registration Section Division of Corporations		•
SUBJE	Acres to Lots Land Clearing,	LLC	
001		Name of Limited L	iability Company
Dear Si	r or Madam:		
The enc	losed Registered Agent/Registered	Office Change and	fee(s) are submitted for filing.
Please r	eturn all correspondence concernin	g this matter to the	following:
Nancy 8	≣. Woody		
	Name of Person		<del></del>
Acres to	Lots Land Clearing, LLC		
	Firm/Company	···	_
7240 Kı	noxville Dr.		
	Address		
Webste	r, FL 33597		
	City/State and Zip Co	de	
— <u>E</u> -	mail address: (to be used for future	annual report notit	ication)
For furt	her information concerning this ma	itter, please call:	
Nancy (	E. Woody	352 at (	232-8270
	Name of Person	w (	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 follow	wing amount:	
4	\$25 Filing Fee	<b>%</b> s	55 Filing Fee & Certified Copy

INHS18 (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:  Acres to Lots L	and Clea	ring, LLC	
2. (a)	Principal office address of limited liability company:	(1	h)	Mailing address of limited liability company:
	(Note: MUST BE STREET ADDRESS)			(Note: MAY BE POST OFFICE BOX)
	7240 Knoxville Dr.		7240 Kno	oxville Dr.
	Webster, FL 33597		Webster,	FL 33597
	10/24/2018		L18000249	9935
3.	Date of filing/registration in Florida	4.		Document number
5. (a)				
.). (a)	Registered Agent and Registered Office shown on the records o Nancy E. Woody	f the Florid	a Dept. of Stat	te:
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES.	<u></u> <u>S)</u>	202 CAL
	253 Lincoln Ave.			2020 FE
	Brooksville	34604		EB 24
	, r	1		<del>-</del>
(b)				
. ,	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	d Office ac	ddress:	ED PH 3: 02
	NEW Registered Office Address:			_
	7240 Knoxville Dr.			_
	Webster	., 33597		
	F	l		_
change agent v was/w	imited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	e register iability co of the lin e limited	red office an ompany, it i nited liabilit liability con	nd the business office of the registered s hereby confirmed that the change(s) ty company or as otherwise provided in inpany.
4	may E Wooden	Na:	ncy E. Wood	<u> </u>
_	dure of a member or authorized representative of a member by accept the appointment as registered agent and ag	ree to ac	t in this can	Printed or typed name of signee
provisi the obt to mer	oy accept me appointment as registered agent and as ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide elv reflect a change in the registered office address, I d in writing of this change.	e perform ed for in (	iance of my Chapter 60:	duties, and I am familiar with and accept 5. F.S. Or. if this document is beine filed
Ů.	ire of Registered Agent			

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