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COVER LETTER

Division of Corporations	
ONLYARDENN, LLC	
	Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Ch	nange and fee(s) are submitted for filing.
Please return all correspondence concerning this mat	ter to the following:
TRUDY E. INNES RICHARDSON	
Name of Person	
TRUDY INNES RICHARDSON, PLLC	
Firm/Company	
487 EAST TENNESSEE STREET, SUITE (ONE
Address	
TALLAHASSEE, FL 32301	
City/State and Zip Code	
trichardson@trudyrichardsonlaw.com	
E-mail address: (to be used for future annual re	eport notification)
For further information concerning this matter, pleas	se call:
TRUDY E. INNES RICHARDSON	850 396-0866
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amo	unt:
S25 Filing Fee	☐ \$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	une of the limited liability company: ONLYARDEN	N, LLC			
2. (a)	2016 WAHALAW NENE	(b)	487 EAS	ST TENNESSEE STREET,	
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (0)		lailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	TALLAHASSEE, FL 32301	_	SUITE C	NE	
		_	TALLAH	ASSEE, FL 32301	
	10/30/2018	į	_1800025	i 4977	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)	TRUDY E. INNES RICHARDSON				
J. (a)	Registered Agent and Registered Office shown on the records of the TRUDY INNES RICHARDSON, PLLC	ne Florida !	Dept. of State	:	
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)			
	1350 N. GADSDEN STREET, SUITE B			∓ ⊙ 1 9	
	TALLAHASSEE, FL_	32303		A P T	
(b)	TRUDY E. INNES RICHARDSON			FILED # 08	
	Enter name of NEW Registered Agent and/or NEW Registered (Office <u>add</u>	ress:		
	TRUDY INNES RICHARDSON, PLLC			Control of the contro	
	NEW Registered Office Address:				
487 EAST TENNESSEE STREET, SUITE ONE					
	TALLAHASSEE	32301			
the charge was/w the art	simited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia cre authorized by an affirmative vote of the members of icles of organization or the operating agreement of the law of a member or authorized representative of a member oby accept the appointment as registered agent and agree of all statutes relative or the property and agree of all statutes relative or the property and agree of the statutes relative or the property and agree or the statutes relative or the property and agree or the statutes relative or the property and agree or the statutes relative to the property and agree or the statutes agree o	the regis bility cor f the limi limited li ARE	ered office npany, it is ted liability ability con DEN NEV in this cape	and the business office of the registered is hereby confirmed that the change(s) is company or as otherwise provided in apany. VSOM Printed or typed name of signee active. I further agree to comply with the	
the ob to mer to mer	ions of all statutes relative to the proper and complete ligations of my position as registered agent as provided elyraflect a change in the registered office address, I have in writing of this change.	I for in C ereby co	hapter 605 nfirm that	. F.S. Or, if this document is being filed the limited liability company has been	