(Requestor's Name)	
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## COVER LETTER

TO: Registration Section Division of Corporations

## SUBJECT: \_\_\_\_\_

Name of Limited Liability Company

Dear Sir or Madam:

,

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Brenda Pryce

Name of Person

Deal Done, LLC

Firm/Company

313 SW Nightshade Drive

Address

Lake City, FL 32024

City/State and Zip Code

brendapryce@gmail.com

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

For further information concerning this matter, please call:

386 628-1249 at ()
Area Code & Daytime Telephone Number
MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314
mount:
S55 Filing Fee & Certified Copy
1

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.

. (a)	Principal office address of limited liability company:		(b)	Mailing address of limited l	liahility company:
	( <u>Note: MUST BE STREET ADDRESS</u> )		( <u>Note: MAY BE POST OFFICE B</u>		
	313 SW Nightshade Drive	313 SW		Nightshade Drive	
	Lake City, FL 32024		Lake Cit	ty, FL 32024	
	12/26/2018		L190000	00410	
	Date of filing/registration in Florida	4.		Document number	
(a)	Brenda Pryce				
	Registered Agent and Registered Office shown on the records of	- e:			
	Brenda Pryce				
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			_	
		ADDAE			
	313 SW Nightshade Drive	<u>AUUKI.</u>	<u></u>		
		3202		-	
(b)	313 SW Nightshade Drive			- - -	2019,
(b)	313 SW Nightshade Drive Lake City . Fi	_3202	24	- - - -	2019 JU
(b)	313 SW Nightshade Drive Lake City, Fl Katherine Kelli Pryce	_3202	24	- - - -	2019
(b)	313 SW Nightshade Drive Lake City, Fl Katherine Kelli Pryce Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	_3202	24		
(b)	313 SW Nightshade Drive Lake City, Fi Katherine Kelli Pryce Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> Katherine Kelli Pryce	_3202	24	- - - -	•

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 pperating agreement of the limited liability company.

Signature of member or authorized representative of a member

Brenda Pryce

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 Jamiliar 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.

Signature of Registered Agent

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