

LP900000 6870

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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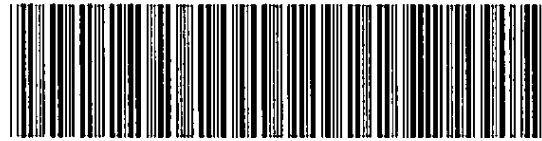
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: New Traditions Limited, LLC
Name of Limited Liability Company

Dear Sir or Madam:

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

Please return all correspondence concerning this matter to the following:

Russell Carl Stadelman II

Name of Person

New Traditions Limited, LLC

Firm/Company

1193 SE Port St. Lucie Blvd., PMB 3294

Address

Port Saint Lucie, FL 34984

City/State and Zip Code

russell@newtraditionsltd.com

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

For further information concerning this matter, please call:

Russell Stadelman at (772) 203 4232
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 amount:

☐ \$25 Filing Fee

☒ \$55 Filing Fee & Certified Copy

R. C. Stadelman II
17 JUN 10 2019

**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. Name of the limited liability company: New Traditions Limited, LLC
2. (a) New Traditions Limited, LLC (b) New Traditions Limited, LLC
- Principal office address of limited liability company: Mailing address of limited liability company.
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
- 2681 SE NORTH LOOKOUT BLVD 1193 SE Port St. Lucie Blvd., PMB 3294
- PORT SAINT LUCIE, FL 34984 PORT SAINT LUCIE, FL 34984

01/04/2019

L19000006870

3. Date of filing/registration in Florida 4. Document number

5. (a) Roy Nelson McPeak, III
Registered Agent and Registered Office shown on the records of the Florida Dept. of State.

NEW TRADITIONS LIMITED, LLC

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

2681 SE NORTH LOOKOUT BLVD

PORT SAINT LUCIE, FL 34984

- (b) RUSSELL CARL STADELMAN II

Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW TRADITIONS LIMITED, LLC

NEW Registered Office Address:

2681 SE NORTH LOOKOUT BLVD

PORT SAINT LUCIE, FL 34984

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 operating agreement of the limited liability company.

Roy Nelson McPeak, III
Signature of a member or authorized representative of a member

ROY NELSON MCPEAK, III

Printed or typed name of signer

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 familiar 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.

Russell Carl Stadelman II
Signature of Registered Agent

Russell Carl Stadelman II

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00