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(Requestor's Name)						
(Address)						
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(Business Entity Name)						
(Document Number)						
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COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJE	Southern Atlantic Law Group, I	PLLC		
Dear S	ir or Madam:			
The en	closed Registered Agent/Registered	Office Change an	d fee(s) are submitted for	filing.
Please	return all correspondence concernin	ng this matter to th	e following:	
Lydia 2	Zbrzeznj			
	Name of Person			
Souther	n Atlantic Law Group, PLLC			
	Firm/Company			
99 6th	Street SW			
	Address			
Winter	Haven, FL 33880			
	City/State and Zip Co	de		2021 173 174
lydia@	southernatlanticlaw.com			HA
E-mail address: (to be used for future annual report notification)				2021 MAR 31
For fur	ther information concerning this ma	itter, please call:		
Lydia 2	Zbrzeznj	863 at (656-6672	
	Name of Person		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 Corpora The Centre of Talla 2415 N. Monroe Str Tallahassee, FL 323	itions hassee reet, Suite 810
	Enclosed is a check for the follow	ving amount:		
	\$25 Filing Fee		\$55 Filing Fee & Certified	l Copy

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.

i.	Na	ame of the limited liability company:	Law C	irou	ip, PLLC			
2	(a)	99 6th Street SW			(b) 99 6th Street SW			
	(**)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0)	·	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
		Winter Haven, FL			Winter H	daven, FL		
		33880	_	33880				
		01/28/2019]	L19000028	8725		
3.		Date of filing/registration in Florida	4.	_		Document number		
s s	(a)	Tracy Markham						
υ.	(4)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State 99 6th Street SW				tate:		
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			_			
		Winter Haven				30. T		
(, FL	33880)				
	(b)	Lydia Zbrzeznj				HAC 21 AM		
	(-)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :						
		NEW Registered Office Address:			. <u>-</u>			
						_		
		FL				_		
ch ag wa	ange ent v as/wo	imited liability company is not organized under the law e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	regist bility f the l	erec con imi	l office a npany, it ted liabili	and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in		
_	1	hate of a member or authorized representative of a member	L —	ydia	Zbrzeznj			
I pr	here ovisi e obl mer	by accept the appointment as registered agent and agra- ions of all statutes relative to the proper and complete p igations of my position as registered agent as provided ely reflect a change in the registered office address, I h d in writing of this change.	ee to c perfor I for in vereby	uct i mai n Ci coi	n this cap nce of my hapter 60 nfirm that	Printed or typed name of signee pacity. I further agree to comply with the y duties, and I am familiar with and accept 05, F.S. Or, if this document is being filed at the limited liability company has been		
Si	gnati	re di Registered Agent						