## 419000029124

(Requestor's Name)				
(Address)				
(Address)				
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PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
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R. WHITE
JAN 11 2020

## COVER LETTER

TO: Registration Section ; Division of Corporations		*	
Peter Mamott LLC		» · ·	
SUBJECT:	Name of Limited I	Liability Company	
Dear Sir or Madam:			
The enclosed Registered Agent/Registere	rd Office Change and	d fee(s) are submitted for filing.	
Please return all correspondence concern	ing this matter to the	e following:	
Peter Mamott			
Name of Person			
Peter Mamott, LLC			
Firm/Company			
PO Box 783321			
Address	***	<del></del>	
Winter Garden, FL 34778			
City/State and Zip C	ode		
petermamott8(a gmail.com			
E-mail address: (to be used for futu	re annual report noti	fication)	
For further information concerning this n	natter, please call:		
Peter Mamott	407 at (	394-7330	
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 Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
Enclosed is a check for the follo	owing amount:		
■ \$25 Filing Fee	□ S	☐ \$55 Filing Fee & Certified 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.

	Avenue Homosassa, I		(1	ור	83321 Winter Gard		
•	l office address of limited listote: MUST BE STREET A		_		Mailing address of limite (Note: MAYBE POS	_	
01 28 2019			_	L190000291	24		
Date	of filing/registration in	ı Florida	4.		Document number		
REGISTERE	D AGENTS INC. 7	901 4TH STREET	ΓN. SU	ITE 300			
	nt and Registered Office sho	wn on the records of i	the Florid	a Dept. of Stat	- e:		
ST.PETERS	BURG, FL 33702						
Registered Offic	ce Address - (MUST BE F	LORIDA STREET :	1DDRES.	<u> </u>	-		
-	ED AGENTS INC. 790	•		_			
ST.PETERS	BURG	121	33702		-	~>	
		, FL			-	<u> </u>	
Peter Mamott	. LLC					- 1	
	EW Registered Agent and	or NEW Registered	Office ac	ldress:	_	1.2	
material and of 3						<b>-</b> .	
rinter hante of 3	H 11 C					<del>:</del>	•y
Peter Mamo	II, EEC				-	ထ္	~
Peter Mamo	ed Office Address:					<b>(3)</b>	
Peter Mamo		34446			_	윤	

cauthorized 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.

itte mamost	Peter Mamott
Signature of a member or authorized representative of a member	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 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 written in writing of the change. notified in writing of this change.

Signature of Registered Agent