19000085180

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FLORIDA DEPARTMENT OF STATE Division of Corporations

October 20, 2020

JAMIE MUCKLER 2300 SE RANCH RD. S. JUPITER, FL 33478

SUBJECT: MUCKLER PROPERTIES, LLC

Ref. Number: L19000085180

We have received your document. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

This form is not properly completed. Please fill it out and resubmit it with a check/money order for \$25.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 920A00020701

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COVER LETTER

CV TAX III. TAX
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:
JAMIE MUCKLER Name of Person
MUCKLER PROPERTIES, LCC Firm/Company
MUCKLER PROPERTIES, LCC Firm/Company 2300 SE RANCH RDS. Address TUPITER TO 73478 City/State and Zip Code
TUPITEK IK 33478 Control
1:-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Thin F Much Ele at (SU) 310-7627 Name of Person Area Code & Daytime Telephone Number Mailing Address: Street Address:
P.O. Box 6327 The Centre of Tallahassee
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314 Enclosed is a check for the following amount: Sequence: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, Fl. 32303 Fine Centre of Tallahassee Sequence: Sequence:
Enclosed is a check for the following amount:
□ \$25 Filing Fee □ \$55 Filing Fee & Certified Copy
INHS18 (2/14)
RECEIVED

SEP 1 4 2020

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: MUCKLEK PROFESTIES, LIC.
2. (a) 1399 3. RAUCH RDS. (b) 2300 8 RAUCH RDS.
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
(1 TUCOPYECE) 2300 RANCHKIDS.
They should both be JUPITER, FL 37478
9-4-20
3. Date of tiling/registration in Florida 4. Document number
5. (a) Jamie Mucklest Registered Agent and Registered Office shown on the records of the Florida Dept. of State: What's on Sumbig
Muckler Properties
Registered Office Address (MAJST BE FLORIDA STREET ADDRESS)
_ 2399 SE Ranch Rel
(h) Jamie Muckler Men Alless/R.A.
NEW Registered Office Address:
NEW Registered Office Address:
J300 SE Rancheld 27478
Jupiter 11. 37478
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.
Signature of a member or authorized representative of a member Tanke Muckles, Mof X
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 Signapure of Registered Agent X - If being changes
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

FILING FEE: \$25.00