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2019 NOV 25 AM 7: 56
SECRETARY OF STATE

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COVER LETTER

Division of Corporations	
Five Pence LLC	
	nited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Char	age and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	to the following:
Nicholas Ferguson	
Name of Person	
Five Pence LLC	
Firm/Company	
1701 Marians View Walk	
Address	
Fleming Island, FL, 32003	
City/State and Zip Code	_ _
coleferg@fivepencemarketing.com	
E-mail address: (to be used for future annual repo	rt notification)
For further information concerning this matter, please of	call:
Nicholas Ferguson 9	04 714-8404
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassec, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amoun	t:
☑ \$25 Filing Fee	S55 Filing Fee & Certified Copy

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.

I. Na	me of the limited liability company: Five Pence L	LC	
2. (a)		(b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	1701 Marians View Walk	1701 M	arians View Walk
	Fleming Island, FL, 32003	Fleming Island, FL, 32003	
	April 05, 2019	L190000	94583
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	United States Corporation Agents, Inc.		
(a)	Registered Agent and Registered Office shown on the records of 13302 Winding Oak Court	the Florida Dept. of Sta	nte:
	Registered Office Address (MUST BE FLORIDA STREET) Suite A	ADDRESS)	_
	Tampa	33612	_
(b)	Nicholas Ferguson Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :		FILED 2019 NOV 25 AM 7: 56 SECRETARY OF STATE TALLAHIASSEE, FL
	NEW Registered Office Address:		of see
	1701 Marians View Walk		7: 56 7: 56 STATE E, FL
	Fleming Island, FL	32003	
the cha agent v was/w the art Signa I here proviss the obt to mer notifie.	imited liability company is not organized under the lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the ture of a member of authorized representative of a member by accept the appointment as registered agent and against of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address. It is of Registered agent	f the registered offic lability company, it of the limited liability climited liability con Nicholas Fel	ce and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in mpany. rguson Printed or typed name of signee pacity. I further agree to comply with the

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