## 119000 147454

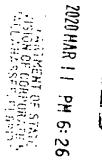
(Requestor's Name)		
(Address)		
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PICK-UP WAIT MAIL		
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MAR 2 6 2020 S. YOUNG

## **COVER LETTER**

TO: Registration Section Division of Corporations	•	•
Change of address and M	1GR.	
SUBJECT:	Name of Limited Lia	bility Company
Dear Sir or Madam:		
	-tured Office Change and f	as(a) are submitted for filing
The enclosed Registered Agent/Regis		
Please return all correspondence cond	cerning this matter to the fo	ollowing:
Jason Martin		
Name of Per	rson	<del>-</del>
Southern Helm Company		
Firm/Compa	iny	_
9408 Anne Ct.		
Address		_
Seminole, FL, 33776		
City/State and Z	ip Code	_
jason@southernhelmco.com		
E-mail address: (to be used for	future annual report notific	eation)
For further information concerning the	his matter, please call:	
Jason Martin	330	881 5033
N. CD	at (	) Area Code & Daytime Telephone Number
Name of Person		Area Code & Daytime Telephone Number
<b>Mailing Address:</b>		Street Address:
Registration Section		Registration Section
Division of Corporations		Division of Corporations
P.O. Box 6327		The Centre of Tallahassee
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the	following amount:	
\$25 Filing Fee	□ \$5:	5 Filing Fee & Certified Copy

INH\$18 (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.

(~)	9408 Anne Ct, Seminole FL 33776		408 Anne Ct. Seminole FL 33776
(a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  9408 Anne Ct, Seminole FL 33776	:	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)  08 Anne Ct, Seminole FL 33776
	06/03/2019		000147454
(a)	Date of filing/registration in Florida Sunit Srivistava	4.	Document number
	Registered Agent and Registered Office shown on the record  Registered Office Address (MUST BE FLORIDA STRE		. of State:
	LARGO	33774 , FL	
(b) _	Jason Martin		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> 9408 Anne Ct.	ered Office address:	
	NEW Registered Office Address: 9408 Anne Ct.		
	Seminole	33776 . FL	<del></del>
nge ont work were artic	mited liability company is not organized under the or changes are made, the Florida street address of till be identical. Or, in the case of a Florida limited re authorized by an affirmative vote of the member eles of organization or the operating agreement of the united authorized representative of a member or authorized representative of a member	the registered off d liability compan rs of the limited l the limited liabilit	ice and the business office of the registered by, it is hereby confirmed that the change(s) iability company or as otherwise provided in ty company.  Printed or typed name of signee
reb	y accept the appointment as registered agent and completes of all statutes relative to the proper and completes	agree to act in thi ete performance o	is capacity. I further agree to comply with the form of my duties, and I am familiar with and accept file of F.S. Or, if this document is being file that the limited liability company has been