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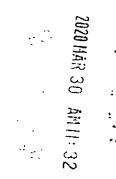
(Re	questor's Name)	
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Special Instructions to	Filing Officer:	





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O SIMMONS APR 1 4 2020

COVER LETTER

_	istration Section sion of Corporations				
SUBJECT:	1210 Paper Muscha, LLC				
gobacer.	Name of Limited Liability Company				
Dear Sir or N	Madam:				
The enclosed	d Registered Agent/Registered	Office Change a	and fee(s) are submitted for filing.		
Please return	all correspondence concernin	g this matter to t	he following:		
Carolyn McF	ec				
	Name of Person				
1210 Paper M	fuscha, LLC				
	Firm/Company				
3965 Hidden	Oak Drive				
	Address	-			
Pensacola, FI	32504				
	City/State and Zip Co	de			
mgmcfee@co	ox.net				
E-mail	address: (to be used for future	annual report no	otification)		
For further in	nformation concerning this ma	tter, please call:			
Carolyn McF	ee	at (850-698-1756		
	Name of Person	, (Area Code & Daytime Telephone Number		
Reg Div P.O	iling Address: istration Section ision of Corporations . Box 6327 ahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
Enc	losed is a check for the follow	ving amount:			
■ \$.	25 Filing Fee	٥	\$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.

lame of the limited liability co	ompany: 1210 Paper Mi	uscha, LLC			
3965 Hidden Oak Drive		((b)		
	f limited liability company: STREET ADDRESS)			Mailing address of limited (Note: MAY BE POST)	
Pensacola, FL 32504			Pensaco	la, FL 32504	
07/19/19			L1900018	6826	
Date of filing/regis Kramer Litvak	tration in Florida	4.		Document number	
Registered Agent and Registered 40 South Palafox	Office shown on the records	of the Flori	la Dept. of S	tate:	
Registered Office Address (M) Suite 300	UST BE FLORIDA STREI	ET ADDRES	<u>:27</u>	<u> </u>	2020
Pensacola	,	FL_32502		- :	2020 HAR 30
Carolyn McFee					
Enter name of NEW Registered	Agent and/or NEW Registe	red Office a	ddress:		: <u>[]</u>] Aii II: 32
3965 Hidden Oak Drive					32
NEW Registered Office Address					
Pensacola		EL 32504			
limited liability company is ree or changes are made, the Fl will be identical. Or, in the core authorized by an affirmaticles of organization or the output.	orida street address of ase of a Florida limited live vote of the member perating agreement of the members of the members of the limited limit	the registe I liability or rs of the line the limited	red office a ompany, it nited liabi	and the business office of is hereby confirmed the lity company or as other ompany.	f the registered at the change(s) wise provided in
reby accept the appointment as sions of all statutes relative to bligations of my position as receively reflect a change in the reled in writing of this change ture of Registers Agent	s registered agent and a the proper and comple gistered agent as provi gistered office address Lo	agree to ac etc perforn ided for in I hereby c	t in this can nance of m Chapter 6 confirm tha	pacity. I further agree to y duties, and I am famili 05, F.S. Or, if this docu at the limited liability col	to comply with t ar with and acc ment is being fil mpany has been