## 119000 229704

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(Address)		
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PICK-UP	WAIT	MAIL
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tr. 10/29/20

## COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: VIDICAN LLC	
Name of Li	mited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Char	nge and fee(s) are submitted for filing.
Please return all correspondence concerning this matte	to the following:
Cleo B. Vidican	
Name of Person	
VIDICAN LLC	
Firm/Company	<del></del>
2337 SW Archer Rd. APT 3068	
Address	<del></del>
0.1	
Gainesville, FL 32608  City/State and Zip Code	
City/State and Zip Code	
grayscalematters@gmail.com	
E-mail address: (to be used for future annual repo	rt notification)
For further information concerning this matter, please of	all:
Cleo B. Vidican at (	
value of reison	Area Code & Daytime Telephone Number
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314	The Centre of Tallahassee
Tananassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following amount	;
S25 Filing Fee	☐ \$55 Filing Fee & Certified Copy
INHS18 (2/14)	З обру

## 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: VIDICAN LL	.C
2. (a) 2337 SW Archer Rd.	(b) 2227 SW Andrew D.1
Principal office address of limited liability company:	(b) 2337 SW Archer Rd.  Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS)	(Note: MAY BE POST OFFICE BOX)
APT 3068	APT 3068
Gainesville, FL 32608	Gainesville, FL 32608
9/11/2019	L19000229704
3. Date of filing/registration in Florida	4. Document number
5. (a) UNITED STATES CORPORATION AGENTS.  Registered Agent and Registered Office shown on the records of  5575 S. SEMORAN BLVD.  Registered Office Address (MUST BE FLORIDA STREET).	the Florida Dept. of State:
36	S S
ORLANDO	32822
(b) Cleo Vidican Enter name of NEW Registered Agent and/or NEW Registered  2337 SW Archer Rd. NEW Registered Office Address: APT 3068	Office address:
Gainesville, FL	_32608
If the limited liability company is not organized under the law change or changes are made, the Florida street address of the agent will be identical. Or, in the case of a Florida limited lia was/were authorized by an affirmative vote of the members of the articles of organization or the operating agreement of the Signature of a member or authorized representative of a member.  I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete proper or a complete to the obligations of my position as registered agent as provided to merely reflect a change in the registered office address, I have been supposed in writing of this change.  Signature of Registered Agent	registered office and the business office of the registered bility company, it is hereby confirmed that the change(s) f the limited liability company or as otherwise provided in limited liability company.  Cleo B. Vidican  Printed or typed name of signee