

L190000231667

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

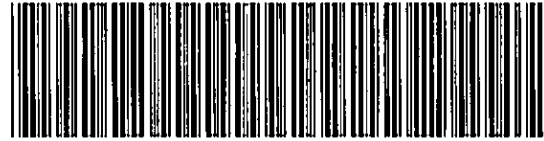
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100355580701

11/30/20--01018--019 **25.00

RECEIVED

JAN 1 2021

2021 NOV 30 PM 1:58

RIPCH

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Southern Defense Depot LLC

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:

Mark Clayton

Name of Person

Southern Defense Depot LLC

Firm/Company

425 Weeping Willow CT

Address

Molino, FL 32577

City/State and Zip Code

msclayton.500@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mark Clayton

850 982-3095
at ()

Name of Person

Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$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.

1. Name of the limited liability company: Southern Defense Depot LLC

2. (a) Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)

425 Weeping Willow CT

Molino, FL 32577

(b) Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)

425 Weeping Willow CT

Molino, FL 32577

9/13/2019

L19000231667

3. Date of filing/registration in Florida

4. Document number

5. (a) Mark S Clayton

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

2188 E Olive RD

Pensacola, FL 32514

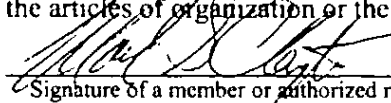
(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Office Address:

425 Weeping Willow CT

Molino, FL 32577

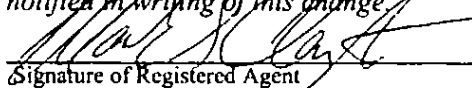
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida 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

Mark S Clayton

Printed or typed name of signee

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.


Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00

2020 NOV 30 PM 1:58