119000 239278

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
☐ PICK-UP ☐ WAIT ☐ MAIL							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							
611,633							
(U), (V)							

Office Use Only



700346755317

06/22/20--01021--022 **25.00



OUT 28 TOTAL S. YOUNG



August 7, 2020

DREW MEYER ODIN BROTHERS & ASSOCIATES LLC 50 8TH AVENUE SW UNIT 774 LARGO, FL 33770

SUBJECT: ODIN BROTHERS & ASSOCIATES LLC

Ref. Number: L19000239278

We have received your document for ODIN BROTHERS & ASSOCIATES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 620A00014830

Shelia H Young Regulatory Specialist II

www.sunbiz.org

COVER LETTER

	Registration Section Division of Corporations	•						
SUBJEC	ODIN BROTHERS & ASSOCIATES LLC							
	Name of Limited Liability Company							
Dear Sir	or Madam:							
The encle	osed Registered Agent/Registered Of	fice Change and f	ee(s) are submitted for filing.					
Please re	turn all correspondence concerning th	nis matter to the fo	ollowing:					
Drew Me	уег							
	Name of Person	* 10.00	-					
ODIN BR	OTHERS & ASSOCIATES LLC							
	Firm/Company	·	_					
50 8TH A	VENUE SW UNIT 774							
	Address		_					
LARGO,	FL 33770							
	City/State and Zip Code		_					
dsinclairn	neyer@gmail.com							
E-n	nail address: (to be used for future an	nual report notific	ation)					
For furth	er information concerning this matter	, please call:						
Drew Mey	yer	727 at (459-2859					
•	Name of Person	u. (Area Code & Daytime Telephone Number					
П Р	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Callahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					
E	inclosed is a check for the following	closed is a check for the following amount:						
	\$25 Filing Fee	□ \$55	☐ \$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.	Na	ame of the limited liability company: ODIN BROTHERS	8 & AS	SSC	CIATES L	LC	
2	(a)	50 8TH AVENUE SW	((b)	50 8TH A	VENUE SW	
	(ω)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ \	(0)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
		UNIT 774		L	UNIT 774		
		LARGO, FL 33770	_		LARGO, F	L 33770	
		09/23/2019		I.	L19000239278		
3.		Date of filing/registration in Florida	4.	_		Document number	
5.	(a)	Caldwell, Trevor					
J.	(4)	Registered Agent and Registered Office shown on the records of the Florida Dept. of Stat				2020	
		50 8TH AVENUE SW UNIT 774 LARGO, FL 33770			2020 OCT 26 A		
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					
		50 8TH AVENUE SW UNIT 774					
		LARGO ,FL	33770				
	/L\	Meyer, Drew				03	
	(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:					
		50 8TH AVENUE SW UNIT 774 LARGO, FL 33770					
		NEW Registered Office Address:				-	
		50 8TH AVENUE SW UNIT 774					
		LARGO , FL	33770				
ch ag wa	ange ent v as/w	imited liability company is not organized under the laws to or changes are made, the Florida street address of the rewill be identical. Or, in the case of a Florida limited liab ere authorized by an affirmative vote of the members of ieles of organization or the operating agreement of the liab	egister pility of the lini imited	rec con mi Hia	l office and npany, it is ted liability	I the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany.	
	Sjepa	nue of a member or authorized representative of a member				Printed or typed name of signce	
pr the to	ovisi e obi mer	by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address, I he d in writing of this change.	e to ac erforn for in ereby c	ct i nai Ci coi	n this capa nce of my a napter 605 nfirm that i	ncity. I further agree to comply with the luties, and I am familiar with and accept, F.S. Or, if this document is being filed he limited liability company has been	
 Si	efiatu	tre of Revistered Agent					