## L19 000245294

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
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D. BRUCE AUG 2 7 2020

## **COVER LETTER**

TO: '	Registration Section . Division of Corporations			gar '					
SUBJE	Conroy Law, PLLC T:								
S C D W L		Name of Limited	Liability Company						
Dear Sir	or Madam:								
The enc	losed Registered Agent/Registered	Office Change ar	nd fee(s) are submitted for f	filing.					
Please re	eturn all correspondence concernin	g this matter to th	e following:						
Evan Co	пгоу								
-	Name of Person		<del>.</del>						
Conroy 1	Law, PLLC								
	Firm/Company	· · · · · · · · · · · · · · · · · · ·	<del></del>						
5745 SW	V 75th Street, #247								
	Address								
Gainesvi	ille, FL 32608			<b>20</b>					
	City/State and Zip Co	de	<del></del>	20 JU ECRE TALL					
econroy(	@theconroylaw.com			AAHA	- CORR				
E-	mail address: (to be used for future	annual report no	tification)	Y OF AM	111				
For furt	her information concerning this ma	itter, please call:			J				
Evan Co	nroy	404	345-4616	7 55 E					
	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 follow	ving amount:							
	■ \$25 Filing Fee	ū	\$55 Filing Fee & Certified	l Сору					

INHS18 (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.

. (a)	Conroy Law, PLLC		(b) Conroy Law, PLLO				
2. (u)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)				
	11 N.W. 33rd Crt., Ste. 103		5745 S.W. 75th Str	eet, #247			
	Gainesville, FL 32607		Gainesville, FL 326	508			
	09-30-2019		L19000245294				
<b>3</b> .	Date of filing/registration in Florida	4.	Docum	ent number			
5. (a)	Evan E. Conroy						
J. (a)	Registered Agent and Registered Office shown on the records of	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:					
	Evan E. Conroy						
	Registered Office Address (MUST BE FLORID'A STREET ADDRESS)						
	10354 SW 51st LN						
	Gainesville , Fl	L_32608		2020 JUL 15 SECRETARY			
(b)	Evan is Control						
	Enter name of NEW Registered Agent and/or NEW Registered Office address:						
	Evan E. Conroy			AM 7: 55 SSEE, FL			
	NEW Registered Office Address:						
	11 N.W. 33rd Crt., Ste. 103						
	Gainesville	J 32607					
thange igent w vas/we he arti	imited liability company is not organized under the later or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited litere authorized by an affirmative vote of the members cles of arganization or the operating agreement of the	e registe ability of the less timites	ered office and the but company, it is hereby imited liability compa	siness office of the registered confirmed that the change(s)			
Signat	ure of a member or authorized representative of a member		-	or typed name of signee			
	by accept the appointment as registered agent and agens of all statutes relative to the proper and complete igations of my position as registered agent as provide ly reflect a change in the registered office address, I			••			

FILING FEE: \$25.00