

L19 000 267 778

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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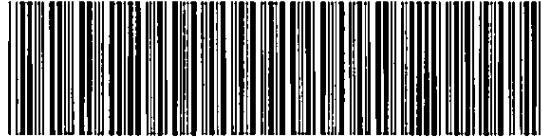
(Business Entity Name)

(Document Number)

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CLERK OF STATE
TALLAHASSEE, FL

100 10/26/20

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Mallory Lancraft 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:

Mallory Lancraft
Name of Person

Mallory Lancraft LLC
Firm/Company

1219 Howell Creek Dr.
Address

Winter Springs FL 32708
City/State and Zip Code

ml-lancraft@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mallory Lancraft at (727) 365 3641
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: Mallory Lancraft LLC
2. (a) 940 City Plaza Way
Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)
Apt 210
Oviedo FL 32765
- (b) 940 City Plaza
Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)
Apt 210
Oviedo FL 32765
3. 10-25-19
Date of filing/registration in Florida
4. L1900267778
Document number

5. (a) Mallory Lancraft
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

940 City Plaza Way
Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**
Apt 210
Oviedo, FL 32765

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

NEW Registered Office Address:
1219 Howell Creek Dr
Winter Springs, FL 32708

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.

Mallory Lancraft
Signature of a member or authorized representative of a member

Mallory Lancraft
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.

Mallory Lancraft
Signature of Registered Agent

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TALLAHASSEE, FL