## 1900293587

(Requestor's Name)			
(Address)			
(Address)			
(Ci	ty/State/Zip/Phone i	¥)	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	Certificates o	of Status	
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## **COVER LETTER**

ΓO: Registration Section Division of Corporations		
Nick & Rick's Mobile Home Service, LLC		
	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 matter	r to the following:	
Marie Castaneda		
Name of Person		
Nick & Rick's Mobile Home Service, LLC		
Firm/Company		
58 Pine Tree Lane		
Address	<del></del>	
Quincy, FL 32351		
City/State and Zip Code		
mariecastaneda6@gmail.com		
E-mail address: (to be used for future annual repo	ort notification)	
For further information concerning this matter, please	call:	
Maric Castaneda 8	743-7205	
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 amoun	nt:	
■ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy	

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.

1. N	ame of the limited liability company: Nick & Rick's M	lobile Home S	Service, LLC
2. (a)		(b) _	
~. (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)
	58 Pine Tree Lane		
	Quincy, FL 32351		
	12/10/2019	L1	19000293587
3.	Date of filing/registration in Florida	_ <sub>4.</sub> _	Document number
5. (a)	Erica Roman		
J. (u,	Registered Agent and Registered Office shown on the records o	f the Florida D	Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	
	58 Pine Tree Lane		200 221
	Quincy , F	LL	ZECSTAN ALL LEGA
	lose Castaneda		720
(b)	Enter name of NEW Registered Agent and/or NEW Registere	d Office addr	
			$\underline{\omega}$
	NEW Registered Office Address:		<u> </u>
	58 Pine Tree Lane	<u>-</u>	
	Quincy	. 32351 L	
chang agent was/w the arr	limited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited latere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the ature of a member or authorized representative of a member and agriculture of all statutes relative to the proper and complete statutes of my position as registered agent as providing at the reflect a change in the registered office address. It is a complete that the complete of the proper and complete the proper and compl	e registered iability com of the limite e limited lial  Marie  gree to act in	office and the business office of the registered apany, it is hereby confirmed that the change(s) ed liability company or as otherwise provided in bility company.  Castaneda  Printed or typed name of signee  In this capacity. I further agree to comply with the accept of my duties, and I am familiar with and accept

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 FILING FEE: \$25.00