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. (Re	questor's Name)	
. (Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Name)
(Do	cument Number)	
Certified Copies	_ Certificates o	f Status
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2020 PT 10 PH 5: 48

COVER LETTER

Division of Corporations	• •
3500 GATLIN, LLC SUBJECT:	
	imited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Cha	ange and fee(s) are submitted for filing.
Please return all correspondence concerning this matte	er to the following:
Kenneth Schlitt	
Name of Person	
Keating & Schlitt, P.A.	
Firm/Company	
250 East Colonial Drive, Suite 300	
Address	
Orlando, Florida 32801	
City/State and Zip Code	
kschlitt@keatlaw.com	
E-mail address: (to be used for future annual rep	port notification)
For further information concerning this matter, please	call:
Kenneth Schlitt at (407 425-2907
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 amou	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.

!. (a)	Principal office address of limited liability company:		(b)	Mailing address of limit	ted liability	company:
	(Note: MUST BE STREET ADDRESS)			(<u>Note: MAY BE PO</u>	-	
	3506 GATLIN AVENUE	<u></u>	3506 GA	TLIN AVENUE		
	ORLANDO, FLORIDA 32812		ORLANI	DO, FLORIDA 32812	· 	
	2/11/2020		1.200000-48	3853		
	Date of filing/registration in Florida	4.		Document number	,	
(a)						
(4)	Registered Agent and Registered Office shown on the records of	t the Flori	da Dept. of Sta	He:		
	KENNETH L. SCHLITT					
	Registered Office Address (MUST BE FLORIDA STREET	ADDRE	<u>S.S.)</u>	_		
	250 FAST COLONIAL DRIVE, SUITE 300				200	
	ORLANDO	L 32801			_, :	
	, F	L				
					పు	
(b)	Enter name of NEW Registered Agent and/or NEW Registere	d Office	address:	-		•
					ċ:	
	EWA WESTON				Ć,	
	NEW Registered Office Address:	-		-		
	3506 GATLIN AVENUE			_		
	ORLANDO p	32812				
ange ent v	imited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited leads of the control of the contr	e registe iability	ered office a company, it	nd the business offic is hereby confirmed	e of the re that the c	egistered hange(s)
as/w	ere authorized by an affirmative vote of the members icles of prganization of the operating agreement of th	of the li e limited	mited liabili Hiability co	ity company or as ot mpany.	herwise pi	rovided in
	A TOTAL OF THE STATE OF THE STA			N, MANAGER		
Signa	ture of imember or authorized representative of a member		· -	Printed or typed name	of signee	
rovisi je obi	by accept the appointment as registered agent and as ions of all statutes relative to the proper and complet ligations of my position as registered agent as provid ely reflect a fhange in the registered office address, l	e perfori ed for in	nance of my Chapter 60	eduties, and Lam fai 5. F.SOr, if this do	nitiar will Scument is	r and acce _l being file

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