L20000074889

(Requestor's Name)	
(Address)	
(Address)	
(0) (0) 17 (0)	
(City/State/Zip/Phone #)
PICK-UP WAIT	MAIL
(Business Entity Name))
(Document Number)	
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COVER LETTER

Registration Section

TO:

INHS18 (2/14)

Division of Corporations					
LOH Canfield Group LLC					
	Name of Limited Liability Company				
Dear Sir or Madam:					
The enclosed Registered Agent/Registered C	Office Change and	d fee(s) are submitted for filing.			
Please return all correspondence concerning	this matter to the	e following:			
Catrina Markwalter					
Name of Person					
Firm/Company	· · · · · · · · · · · · · · · · · · ·				
4776 State Road 13 North					
Address					
Saint Johns, FL 32259					
City/State and Zip Code	;				
cmarkwalter@taylorenglish.com					
E-mail address: (to be used for future a	nnual report noti	fication)			
For further information concerning this matt	er, please call:				
Catrina Markwalter	4()4 at (640-5929			
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 followi	ng amount:				
■ \$25 Filing Fee	<u> </u>	555 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.

I. Na	me of the limited liability company: LOH Canfield Gro	oup LLC	
2. (a)	Principal office address of limited hability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited hability company. (Note: MAY BE POST OFFICE BOX)
	03/06/2020	1,2(XHXXX)	74889
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	Catrina Markwalter Registered Agent and Registered Office shown on the records of t 6595 Collier Road Registered Office Address (MUST BE FLORIDA STREET)		2025 C.J.
	Saint Augustine, FL	32092	— .; — .;
(b)	Catrina Markwalter Enter name of NEW Registered Agent and/or NEW Registered 4776 State Road 13 North NEW Registered Office Address:		PH: 7: 29
	Saint Johns, FL	32259	
change agent v	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited like ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	registered office ability company, of the limited liab	it is hereby confirmed that the change(s) oiling company or as otherwise provided in
Signa	attire of a member or author collepresentative of a member		Printed or typed name of signee
I here provis the ob to mer notifie	thy accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provide lety reflect a change in the registered office address. It is a writing of this change	ve to act in this of performance of a for in Chapter thereby confirm to	capacity. I further agree to comply with the my duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed hat the limited liability company has been
	Division of Corporations • P.O.	Box 6327 • Talls	uhassee, FL 32314

FILING FEE: \$25.00