## La00000992457

(Requestor's Name)						
, , ,						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Degree and Niverban)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

Office Use Only



000362888500

03/30/21--01011--012 \*\*25.00

P21 HA (30 At 9: 23

D. BRUCE WAY 20 2021

## **COVER LETTER**

Divis	sion of Corporations	B	.` <del>Ki</del>	•
SUBJECT:	EGA Outdoor Services LLC			
	Nan	ne of Limited Li	ability Company	
Dear Sir or M	ladam:			
The enclosed	Registered Agent/Registered Off	ice Change and	fee(s) are submitted f	or filing.
Please return	all correspondence concerning th	is matter to the f	ollowing:	
Russell Saund	ers			
	Name of Person			
EGA Outdoor	Services LLC Firm/Company		_	
4330 Albrittor			_	
	Address			~
Saint Cloud Fl	lorida 34772			
	City/State and Zip Code			2021 MAR 30 SEALL SIL
rjs1sau@yaho	o.com		<del></del>	. 0
E-mail a	address: (to be used for future ann	ual report notifi	cation)	
For further in	formation concerning this matter,	please call:		9: 23 
Russell Saund	ers	at (_407	) 414-0345	
	Name of Person		Area Code & Dayti	me Telephone Number
Regi Divis P.O.	stration Section sion of Corporations Box 6327 thassee, FL 32314		Street Address: Registration Sect Division of Corpo The Centre of Ta 2415 N. Monroe Tallahassee, FL 3	orations Hahassee Street, Suite 810

□ \$55 Filing Fee & Certified Copy

■ \$25 Filing Fee

Enclosed is a check for the following amount:

Registration Section

TO:

## 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.

2. (a)	4330 Albritton Rd, Saint Cloud, Fl 34772		(b) 4330 Albritton Rd, Saint Cloud, Florida 34772		
(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)		
	04/01/2020	1.2	1.20000092957		
3.	Date of filing/registration in Florida	4.	Document nu	mber	
5. (a'	Nicholas Johnson				
5. (a)	Registered Agent and Registered Office shown on the records	of the Florida De	ept, of State;		
			•		
	4330 Albritton Rd, Saint Cloud, Fl 34772 Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS	<del></del>		
	Registered Office Address [MOST III. I LORIDA STREET	<u>. i ADDKI.33)</u>			
	4330 Albritton Rd	····	<del></del>	. ~2	
	Saint Cloud	FL 34772		17 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	Junit Croud	, 13 <u>33775</u> .		三首 美门	
(h)	Russell Saunders			73	
(0)	Enter name of NEW Registered Agent and/or NEW Register	<u></u> <u>SS</u> :			
	Russell Saunders			g d	
	NEW Registered Office Address:		ို ည		
				, , , , ,	
	4330 Albritton Rd				
	Saint Cloud .	FL_34772			
If the	limited liability company is not organized under the	laws of the Sta	ate of Florida, it is here	eby confirmed that after the	
chang	e or changes are made, the Florida street address of t	the registered of	office and the business	office of the registered	
agent	will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the member	liability comp	any, it is hereby confit d liability company or	rmed that the change(s)	
	icles of organization or the operating agreement of ti			as officiwise provided in	
J	ucholas Johnson	Nichola	ne Johnson		
Signature of a member or authorized representative of a member			olas Johnson Printed or typed name of signee		
I here provis the ob to me	by accept the appointment as registered agent and a ions of all statutes relative to the proper and comple ligations of my position as registered agent as provi ely reflect a change in the registered office address, d in writing/of this change.	te nertormanc	re of my duties, and La.	m tamiliar with and accent	