## LZ0000109550

(Re	equestor's Name)	
(Ad	idress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
·	·	
(Ďc	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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SUPPLICATION STATE CONTINUES TO THE LOCAL TOPS AND THE LOCAL TOPS AND

U. Smith

## COVER LETTER

FO: Registration Section Division of Corporations	
448 Holdings, LLC SUBJECT:	
Name of Limite	ed 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:
Douglas Ryan Porterfield	
Name of Person	
418 Holdings, LLC	
Firm/Company	<del></del>
30904 Saint Joe Rd.	
Address	<del></del>
Dade City, Fl. 33525	
City/State and Zip Code	
Ryanporterfield@outlook.com	
E-mail address: (to be used for future annual report n	otification)
For further information concerning this matter, please call:	
Douglas Ryan Porterfield 904 at (	386-8407
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	S55 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.

2. (a)			(b)		
. ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)				Mailing address of limited fiability company:  (Note: MAY BE POST OFFICE BOX)
	30904 Saint Joe Rd.			30904 Sain	
	Dade City, Fl. 33525		-	Dade City	, Fl. 33525
	04/18/2020		L.	200001095	550
<ul><li>3.</li><li>5. (a)</li></ul>	Date of filing/registration in Florida  Douglas Ryan Porterfield	— 4.			Document number
()	Registered Agent and Registered Office shown on the records o Douglas Ryan Porterfield	the Flor	riđa E	Jept, of State	- e: -
	Registered Office Address (MUST BE FLORIDA STREET) 9138 Lost Mill Dr.	ADDRE	<u>(SS)</u>		70 20
	Land O Lakes, F	L <u>33525</u>			
(b)	Douglas Ryan Porterfield				ယ . ှ≏ 
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :			AH 12 X10	
	Douglas Ryan Porterfield				~ Qi
	NEW Registered Office Address: 30904 Saint Joe Rd.				-
	Dade City, F	L			_
change agent was/we	mited liability company is not organized under the la or changes are made, the Florida street address of the cill be identical. Or, in the case of a Florida limited li are authorized by an affirmative vote of the members cles of organization or the operating agreement of the	e registe ability of the li limited	ered com imite d lial	office and pany, it is ad liability	d the business office of the registered shereby confirmed that the change(s) y company or as otherwise provided in apany.
Signat	yre of a member or authorized representative of a member				Printed or typed name of signee
provisi theo <del>bl</del>	by accept the appointment as registered agent and agens of all statutes relative to the proper and complete gations of my position as registered agent as provide by reflect a change in the registered office address. I	perfor. d för it	man 1 Ch	ce of my a apter 605.	luties, and I am familiar with and accept , F.S. Or, if this document is being filed