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(Re	equestor's Name)
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	WAIT MAIL
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	cument Number)
Certified Copies	Certificates of Status
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02/05/24--01014--008 \*\*25.00



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## **COVER LETTER**

TO: Registration Section Division of Corporations

Show Some Sack, LLC

SUBJECT:

Name of Limited 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:

H. Bart Fleet

Name of Person

Fleet, Smith & Freeman

Firm/Company

1283 Eglin Parkway, Suite A

Address

Shalimar, FL 32579

City/State and Zip Code

Bart@fleetsmithlaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

H. Bart Fleet	850 651-4006 at ()
Name of Person	Area Code & Daytime Telephone Number
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
	Tallahassee, FL 32303

## Enclosed is a check for the following amount:

🔳 \$25 Filing Fee

□ \$55 Filing Fee & Certified Copy

FEB -5 1411:43

## 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.

Na	ame of the limited liability company:	k, LLC		
(a)	4097 Burning Tree Drive	(	b) 1826 Lewis	s Turner Blvd
.,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	、		ailing address of limited liability company: ( <u>Note: MAY BE POST OFFICE BOX</u> )
	Destin, FL 32541		Fort Walton	Beach, FL 32547
	05/04/2020		L2000012022	27
	Date of filing/registration in Florida	4.	[	Document number
(a)	Jennifer Copus			
(4)	Registered Agent and Registered Office shown on the records of COPUS & COPUS, P.A.	the Florid	a Dept. of State:	
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES	<u>'S)</u>	
	25 Walter Martin Rd, Suite 200			
	Fort Walton Beach, Fl	32548		2002 T
(b) 	II. Bart Fleet			2024 FEB
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :			្  ហ
	Fleet, Smith & Freeman			Tinta Tinta Tinta
	NEW Registered Office Address:			
	1283 Eglin Parkway, Suite A			ت <sub>10</sub>
	Shalimar, Fl	32579		

Signature of a member or authorized representative of a member

 $\leq 7$ A Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect acchange in the registered office address. I hereby confirm that the limited liability company has been notified in yriting of this charge.

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

ignature of Registered Agent

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