120000169646

(Requestor's Name)				
(Address)				
(Address)				
·				
(City/State/Zip/Phone #)				
(61,70161612,7017617)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

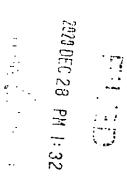
Office Use Only



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FER 0 6 2021 S. YOUNG



COVER LETTER

Division of Corporations					
RUNNING LIKE A TOP, LLC SUBJECT:					
No.	Name of Limited Liability Company				
Dear Sir or Madam:					
The enclosed Registered Agent/Registered O	ffice Change and	d fee(s) are submitted for filing.			
Please return all correspondence concerning t	his matter to the	e following:			
BRAD SPENCE					
Name of Person	-				
RUNNING LIKE A TOP, LLC					
Firm/Company					
721 BAYOU DRIVE					
Address					
DESTIN, FL 32541					
City/State and Zip Code					
OFFICE@AAFIXERS.COM					
E-mail address: (to be used for future an	inual report noti	fication)			
For further information concerning this matte	r, please call:				
BRAD SPENCE	850 at (255-1086			
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 followin	g amount:				
\$25 Filing Fee	- 9	\$55 Filing Fee & Certified Copy			

TO:

Registration Section

•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.

l. Na	me of the limited liability company: RUNNING LIKE	A TOP, LLC	
` ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
3.	Date of filing/registration in Florida	4.	Document number
5. (a)			
	Registered Agent and Registered Office shown on the records of t KELLE PAYNE	the Florida Dept. of	State:
	Registered Office Address (MUST BE FLORIDA STREET 2) 326 MOUNTAIN DRIVE UNIT 1	<u>(IDDRESS)</u>	
	DESTIN, FL	32541	
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office address:	771 DEC 28
	BRAD SPENCE		
	NEW Registered Office Address: 721 BAYOU DRIVE		32
	DESTIN FL	32541	
change agent w was/we	mited liability company is not organized under the law or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited lia are authorized by an affirmative vote of the members of eles of organization or the operating agreement of the l	registered office bility company, f the limited liab	and the business office of the registered it is hereby confirmed that the change(s) illity company or as otherwise provided in
	ure of a member or authorized representative of a member	BRAD SPEN	
I herek provisie he obli to mere votified	by accept the appointment as registered agent and agree on a fine of a member on a member on a member on a first the proper and complete proper and complete proper and complete proper of my position as registered agent as provided by reflect a change in the registered office address, I have been address, I have been a change.	ve to act in this c performance of n for in Chapter (ereby confirm th	Printed or typed name of signee rapacity. I further agree to comply with the ny duties, and I am familiar with and accept 505, F.S. Or, if this document is being filed at the limited liability company has been