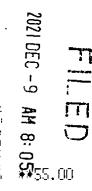
L20000 197328

(Requestor's Name)							
(4.11)							
(Address)							
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(City/State/Zip/Phone #)							
(
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
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(현실) 12/09/21--01012--016

C. BRUMBLEY JAN 1 1 2022

COVER LETTER

TO:	Registration Section Division of Corporations							
SUBJE	CT: PAWNSMART 2 LLC	611	47:4	N. Comment				
Name of Limited Liability Company								
Dear Si	r or Madam:							
The end	closed Registered Agent/Registered Of	fice Change	and fee	e(s) are submitted for filing.				
Please i	return all correspondence concerning (his matter to	the fol	lowing:				
William	E. Harris							
	Name of Person							
Gnome	Holding Comapny, LLC							
	Firm/Company							
225 Wa	ater Street, Suite 1575			<u>-</u>				
	Address							
Jackson	nville, FL 32202			_				
	City/State and Zip Code							
	william@moneymizer.net							
E	E-mail address: (to be used for future a	nnual report	notifica	ation)				
For fu	rther information concerning this matte	er, please cal	1:					
Willia	m E. Harris	706		249-0156				
	Name of Person	at (Area Code & Daytime Telephone Number				
	Name of Ferson							
	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	ing amount:						
	☐ \$25 Filing Fee	,	X \$5:	5 Filing Fee & Certified Copy				
INHS	18 (2/14)							

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.

1. Na	me of the limited liability company: PAWNSMART L	LC 2				
2. (a)	7 ACME STREET	(b) 90	(b) 901 Rock Bay Drive			
(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			f limited liability company E POST OFFICE BOX)		
	Jacksonville, FL. 32211		cksonville, FL. 32218			
	July 9, 2020	 L20	000197328			
3.	Date of filing/registration in Florida	4.	Document nu	mber		
5. (a)	CHAD E GROGAN, SR.					
J. (a)	Registered Agent and Registered Office shown on the records of	the Florida Dep	pt. of State:			
	901 Rock Bay Drive					
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)		2021 DEC		
	Jacksonville , FI	32218		-9		
(b)	WILLIAM E HARRIS	. <u></u>		SET 8		
	Enter name of NEW Registered Agent and/or NEW Registered	d Office addres	<u>55</u> :	8: 05		
	225 Water Street, Suite 1575			₽ ()		
	NEW Registered Office Address:					
	Jacksonville	32202				
chang agent was/w the an	limited liability company is not organized under the la e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members cicles of organization on the operating agreement of the	e registered of iability comp of the limite e limited liab	office and the business bany, it is hereby confi d liability company or wility company.	s office of the register irmed that the change as otherwise provide	ea (s)	
Sign	ature of a member or authorized representative of a member		VV: 1 jan E Printed or type	ed name of signee		
i here provis the ob to me	by accept the appointment as registered agent and ag sions of all statules relative to the proper and complete oligations of my position as registered agent as provide the rely reflect a change in the registered office address, lead in writing of this change.	rree to act in e performanc ed for in Cho hereby conf.	this capacity. I furthe te of my duties, and I c upier 605, F.S. Or, if i irm that the limited lic	er agree to comply wi am Jamiliar with and this document is being ability company has b	th the accept g filed een	
Signat	ure of Registered Agent					