## L20000777908

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





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08/14/20 -01005--015 - \*\*25.60

U. Smith

## COVER LETTER

TO: Registration Section Division of Corporations		•							
SUBJECT:	Tifton MHP	LLC							
Name of Limited Liability Company									
Dear Sir or Madam:									
The enclosed Registered Agent/Registered	l Office Change and f	ec(s) are submitted for filing.							
Please return all correspondence concernii	ng this matter to the f	ollowing:							
Andrew Keel									
Name of Person		_							
Firm/Company		_							
PO Box 622023									
Address									
Oviedo, FL 32762	_	20.	44						
City/State and Zip Co		21 : HEW 11 3.1. 03	7.						
andrew@keelteam.c	com		; <del>-</del>						
E-mail address: (to be used for future	e annual report notific	cation)	ه المراد المامي المساد المساد						
For further information concerning this ma	atter, please call:			·					
Lacy Perry	at (202	618-0038	<del></del>						
Name of Person		Area Code & Daytime Telephone Num	ıber						
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 follow	wing amount:								
\$25 Filing Fee	<b>□</b> \$5	5 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.

1. Na	une of the limited liability company:	С		
	83 GENEVA DR.		o)	
(11)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			dailing address of limited liability company:  (Note: MAY BE POST OFFICE BON)
	UNIT 622023		РО ВОХ 6	22023
	OVIEDO, FL 32762	<u> </u>	OVIEDO, I	FL 32762
	07/30/2020		L20000227	7908
3.	Date of filing/registration in Florida	4.	· <del>-</del>	Document number
5. (a)	KEEL, ANDREW			
<i>D.</i> (11)	Registered Agent and Registered Office shown on the records of	the Florid:	Dept, of State	• ::
	83 Geneva Dr. Unit 622023			
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS	<u>8)</u>	20.33
	Oviedo , FL	3:	2762	
(b)	InCorp Services, Inc. Enter name of NEW Registered Agent and/or NEW Registered	Office ad	dr <u>ess</u> :	
	17888 67th Court North			-
	NEW Registered Office Address:			
	Loxahatchee, FI.	3:	3470	
change agent v was/we the arti	imited liability company is not organized under the lay or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lia are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	registere bility co of the lim	ed office and impany, it is lited liability	I the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
$\checkmark$	ful fil	An	drew Keel	
Signa	ture of a member or anthorized representative of a member			Printed or typed name of signee
I herei provisi the obl to mere notifice	by accept the appointment as registered agent and agr ons of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address. If Fin writing of this change,	ee to act perform Ufor in C tereby co	in this capa mee of my a hapter 605, infirm that t	wity. I further agree to comply with the luties, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been

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

Jackie DeFilippis on behalf of InCorp Services, Inc.

Signature of Registered Agent