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(Requestor's Name)						
(Address)						
(Ad	dress)					
(Cit	y/State/Zip/Phone	÷ #)				
PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
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COVER LETTER

TO: Registration Section							
Division of Corporations							
SUBJECT: 3204 OAK LAWN PLACE LLC							
SUBJECT: Name of Limited Liability Company							
	, ,						
Dear Sir or Madam:							
The enclosed Registered Agent/Registered Office Char	nge and fee(s) are submitted for filing.						
Please return all correspondence concerning this matter	r to the following:						
Melissa Jones							
Name of Person							
ZenBusiness Inc.							
Firm/Company							
336 E. College Ave. Suite 301							
Address							
Tallahassee, FL 32301							
City/State and Zip Code							
ra@zenbusiness com							
E-mail address: (to be used for future annual repo	ort notification)						
For further information concerning this matter, please	call:						
Melissa Jones at (844 493-6249						
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 amoun	nt:						
□ \$25 Filing Fee	S55 Filing Fee & Certified Copy						

INH\$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	Name of the limited liability company: 3204 OAK LAWN PLACE LLC						
2. (1718 Capitol Avenue	_(b) РО ВОХ 314					
2 . ((a) .	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ '	.0)	Mailing address of	limited liability company: POST OFFICE BOX		
		Cheyenne, WY 82001	_	LOU	GHMAN, F	FL 33858		
		08/03/2020	-	L2000	00232062			
3.		Date of filing/registration in Florida	4.		Document num	ber		
5.	(a)	Registered Agents Inc.						
	\- <u>`</u>	Registered Agent and Registered Office shown on the records of the	e Flori	da Dept. of Sta	nte:			
		7901 4th St N						
		Registered Office Address (MUST BE FLORIDA STREET A	DDRE.	<u>3</u> 3)				
		STE 300			200			
		St. Petersburg , FL	33702		_	FINE SECRETARY		
((b)	ZenBusiness Inc				ASSET		
	Enter name of NEW Registered Agent and/or NEW Registered O			ice address:				
		336 E. College Ave.				R FI		
		NEW Registered Office Address:						
		Suite 301		<u>_</u> ,	<u></u>			
		Tallahassee, FL	32301					
cha age was the	nge nt v s/we arti	imited liability company is not organized under the laws or changes are made, the Florida street address of the rivill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the liable of Smith	egiste vility of the li- imited	red office ar company, it mited liabili	nd the business o is hereby confirm ity company or as mpany	ffice of the registered need that the change(s)		
		ture of a member or authorized representative of a member		23011 0111	Printed or typed r	same of signee		
I h pro the to r not	erel ovisi obl nere ified	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided en reflect a change in the registered office address, I he fin writing of this change.	e to ac erfort for in ereby	t in this cap nance of my Chapter 60 confirm that	pacity. I further	agree to comply with the		