LZO 000 235364

(Requestor's Name)	
(Address)	90035
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	08/31/3
(Document Number)	:
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
	1/5
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \

Office Use Only



900350481409

08/31/20 01014 - UUN - *<25.00

V5 10/15/20

COVER LETTER

Division of Corporations	4
SUBJECT: POLK HOMESTEAD PROPER	RTIES LLC
	ited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Chang	ge and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	to the following:
John Wiertel	
Name of Person	
POLK HOMESTEAD PROPERTIES LLC	C
Firm/Company	
P.O. Box 2064	
Address	
Eagle Lake, FI 33839	
City/State and Zip Code	
flagentjohnw@gmail.com	
E-mail address: (to be used for future annual repor	t notification)
For further information concerning this matter, please ca	all:
John Wiertel at (86	33 , 289-0447
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amount	:
☑ S25 Filing Fce	☐ \$55 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 11// 144	1.		NACC	\T	DECEMBER
1. Na	ame of the limited liability company:	POLK HC	JIVIES	FAL	PROPERTIES LLC
2. (a)	Registered Agents Inc.		(b)	P.O. Bo	ox 2064
. ,	Principal office address of limited lial (Note: MUST BE STREET A)		_	M	failing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	7901 4th St N, STE 300		_	Eagle L	ake, FI 33839
	St. Petersburg, FL 33702		_		
	08/14/2020		Į	_200002	235364
3.	Date of filing/registration in	Florida	4.		Document number
5. (a)	John Wiertel				
· ()	Registered Agent and Registered Office show	n on the records of the	he Florida	Dept. of State	:
	Registered Office Address (MUST BE FI	LORIDA STREET A	DDRESS)		
	364 Vail Drive				
	Winter Haven	, FL_	33884		
	Pogietored Agents Ir	00			
(b)	Registered Agents In Enter name of NEW Registered Agent and/o		Office add		
	Enter name of NEW Registered Agent and/o	or NEW Registered	Office ago	1153	
	7901 4th St N				
	NEW Registered Office Address:	·····			
	STE 300				
	St. Petersburg		33702		
	ot. Fetersburg	, FL_	00102		
the cha agent v was/we	will be identical. Or, in the case of a F	street address of florida limited lia of the members of	the regis bility cor f the limi	tered office mpany, it is ted liability	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
	\rightarrow		Johr	n Wiertel	
مر	ture of a member or authorized representative				Printed or typed name of signee
provisi the obt to mer	by accept the appointment as register ions of all statutes relative to the propligations of my position as registered of the registered of the writing of this change.	ed agent and agro er and complete p agent as provided office address, I h	ee to act performa I for in C ereby co	in this capa ince of my a hapter 605, nfirm that t	icity. I further agree to comply with the luties, and I am familiar with and accept , F.S. Or, if this document is being filed the limited liability company has been

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

- Assistant Secretary

Bill Havre

Signature of Registered Agent