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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Proffitt Architectural Design Services LLC	
	nited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Chan	nge and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	to the following:
James W Proffitt Jr	
Name of Person	
Name of Person	
Proffitt Architectural Design Services, LLC	
Firm/Company	
73 Stevelynn Circle	
Address	
Winter Garden, FL 34787	
City/State and Zip Code	
JWProffitt@gmail.com	
E-mail address: (to be used for future annual repo	ort notification)
For further information concerning this matter, please c	call:
James Proffitt Jr 4t	07 325-7847
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 following amount	t:
\$25 Filing Fee Pauable to Division of Carporations	☐ \$55 Filing Fee & Certified Copy
18 (2/14) of Carporations	

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: Proffitt Architec	tural Des	ign So	Services LLC
2	(a)			(b)	
	(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		713 Stevelynn Circle		71	13 Stevelynn Circle
		Winter Garden, FL 34787		W	Vinter Garden, FL 34787
		8/19/2020		1.20	0000255443
3.		Date of filing/registration in Florida	4.	-	Document number
5.	(a)				
Registered Agent and Registered Office shown on the records of the Florida Dept. of State: United States Corporation Agents Inc					
		Registered Office Address (MUST BE FLORIDA STREET	T ADDRE.	<u>SS)</u>	ept. of State:
		5575 S Semoran Blvd			
		Orlando . F	L_32822		
					ri -
	(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	ad Offica :	addrag	· · · · · · · · · · · · · · · · · · ·
		Enter traine of type w Registered Agent and/or NEW Registere	eu Omce i	aggres	<u> </u>
		Amy Proffitt			
		NEW Registered Office Address:			
		713 Stevelynn Circle			
					
		Winter Garden , F	L		
ch ag wa	ange ent v is/we	mited liability company is not organized under the last or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lare authorized by an affirmative vote of the members cles of organization or the operating agreement of the street was a superior of the street was a superior or the operating agreement of the street was a superior or the operating agreement of the street was a superior or the operating agreement of the street was a superior or the operating agreement of the street was a superior or the operating agreement of the street was a superior or the operating agreement of the street was a superior or the operating agreement of the street was a superior or the operating agreement of the street was a superior or the operating agreement of the street was a superior or the operating agreement of the street was a superior or the operating agreement of the street was a superior or the operating agreement of the street was a superior or the operating agreement of the street was a superior or the operating agreement of the street was a superior or the operating agreement of the street was a superior or the operating agreement of the street was a superior or the operating agreement of the street was a superior or the operating agreement of the street was a superior or the operating agreement of the street was a superior or the street was	e registe liability of of the li e limited	red o compa mited Hiabi	office and the business office of the registered pany, it is hereby confirmed that the change(s) d liability company or as otherwise provided in
-	Signal	ure of a member or authorized representative of a member			Printed or typed name of signee
10	ovisi obl merc	ov accept the appointment as registered agent and agens of all statutes relative to the proper and completing igations of my position as registered agent as provide by reflect a change in the registered office address, It is writing of this change.	gree to ac e perforn ed for in hereby	ct in t nance Chaj confir	this capacity. I further agree to comply with the re of my duties, and I am familiar with and accept rpter 605, F.S. Or, if this document is being filed irm that the limited liability company has been
	/	/ Univision of Corporations P.O.	Box 632	27• T	Tallahassee, FL 32314

FILING FEE: \$25.00