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Special Instructions to Filing Officer:						
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SECRETARY OF STATE

2022 OCT 31 AM II: 5

## **COVER LETTER**

Registration Section Division of Corporations

\$25 Filing Fee

INHS18 (2/14)

TO:

SUBJECT: Reel Havec LLC					
Name of Limited Liability Company					
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Michael Chamberlain Name of Person					
Leel Havoc CCC Firm/Company					
2013 Sylles Creek Dr.					
Messith Island FL 32453 City/State and Zip Code					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Michael Chamberlain at (321) 432-2023  Name of Person Area Code & Daytime Telephone N	 Number				
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 81Tallahassee, FL 32303					
Enclosed is a check for the following amount:	-				

☐ \$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.

l. Na:	me of the limited liability company:Ree[ ]	tavoc	: UC		
	2013 Sylles Creek Or			Sykes	Creek Or
(-) -	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	•	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)		
	Merrit Island, FL 32953		Merri	H Island	FL 32953
	,			,	,
	August 31, 2020 Date of filing/registration in Florida	•	L200	002707	720
3.	Date of filing/registration in Florida	4.	Do	ocument numb	er
5. (a)	United States Corporation Age Registered Agent and Registered Office shown on the records of the	arts.	IAC		
	Registered Agent and Registered Office shown on the records of the	: Florida D	Dept. of State:		
	5575 S. Semoran BLUD.				
	Registered Office Address (MUST BE FLORIDA STREET AD	DRESS)			SE 202
	36				A 19 77
	Orlando FL	328	72		131
(b)	Michael Chamberlain		·		FILED 1022 OCT 31 AM 11: 52 SEGRETARY OF STATE SEGRETARY OF STATE
( ' / '	Enter name of NEW Registered Agent and/or NEW Registered O	ffice addr	'es <u>s</u> :		550 T
	2013 Sylles Creek Or.				S 25
	NEW Registered Office Address:				
	Merrit Island, FC 3795	3			
	,				
	, FL				
change agent w was/we	mited liability company is not organized under the laws or changes are made, the Florida street address of the re ill be identical. Or, in the case of a Florida limited liabire authorized by an affirmative vote of the members of teles of organization or the operating agreement of the limited process.	gistered ility com the limit	office and the pany, it is he ed liability of	ne business off ereby confirme ompany or as o	fice of the registered ed that the change(s)
	1/1/		Michael	Cham	belain
Signati	are of a momber or authorized representative of a member	<del></del>		inted or typed nar	
provision the oblication to mere	y accept the appointment as registered agent and agree ins of all statutes relative to the proper and complete pegations of my position as registered agent as provided following the stange in the registered office address, I here in writing of this change.	to act in erforman or in Ch reby con	this capacit ce of my dutt apter 605, F. firm that the	y. I further ag les, and I am fi .S. Or, if this i limited liabili	ree to comply with the amiliar with and accept document is being filed ty company has been
Signatur	e of Registered Agent				