## L20 000 273 787

(Re	questor's Name)					
(Ad	dress)					
(Ad	ldress)					
(Cit	ty/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL				
(Bu	isiness Entity Name)					
(Document Number)						
Certified Copies	_ Certificates of	Status				
Special Instructions to Filing Officer:						





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## **COVER LETTER**

Division of Corporations	
SUBJECT: CENTRAL FLORIDA MOBILE	
Name	of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office	e Change and fee(s) are submitted for filing.
Please return all correspondence concerning this	matter to the following:
Sydney Grice	
Name of Person	
Anderson Business Advisors	
Firm/Company	
3225 McLeod Drive, #100	
Address	
Las Vegas, NV 89121	
City/State and Zip Code	
ra@andersonadvisors.com	ι
E-mail address: (to be used for future annua	al report notification)
For further information concerning this matter, p	lease call:
Sydney Grice	800 7064741
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 a	mount:
<b>≥</b> \$25 Filing Fee	☐ \$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. No	one of the limited liability company: CENTRAL FL	.ORIDA	MOBILE	HOMES	_LC		
2. (a)	5816 LAKE MELROSE DR	(b) 5816 LAKE MELROSE DR					
()	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_ (*		Mailing address (Note: MAY		-	· · ·
	ORLANDO, FL 32829		ORLANI	00, FL 32		<i>()</i> 2 7 7 C	1. 10(7.1)
		<del></del>				,	
	09/02/2020		L200002	73787			
3.	Date of filing/registration in Florida	4.		Document i	number		<del>.</del>
5. (a)	UNITED STATES CORPORATION AGENTS	S, INC.					
J. (a)	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of State	::			
	Registered Office Address (MUST BE FLORIDA STREET A	ADDRESS	2	•	ζ,	r	
	476 RIVERSIDE AVE.					ili nail	
	JACKSONVILLE FL	32202				in in	
(b)	Anderson Registered Agents, Inc.					-J	
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office ad	dress:			Ari 9:	)- 
	625 E. Twiggs Street, Suite 110					: :::	
	NEW Registered Office Address:						
	Tampa	33602					
	, FL						
the cha agent v was/we the arti Signa I herei provisi the obl to mere	imited liability company is not organized under the lavinge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited liagre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the new Grice  The of a member or authorized representative of a member of a member of a member of a member of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address, I if the writing of this change.	the regis ability co of the lim limited l  Syc ee to act perform d for in C	stered office ompany, it is ited liability iability com Iney Grice in this cape ance of my of Chapter 605	e and the bus is hereby con y company con pany.  Printed or typ acity. I furth duties, and I of F.S. Or, if	siness off afirmed the or as other oed name of ther agree am famil this doci	rwise p  Signee  to con liar with ument i	he registered change(s) provided in apply with the change apply with the change apply sheiny filed
Presider							

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

Signature of Registered Agent