

L20 000324843

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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MAIL

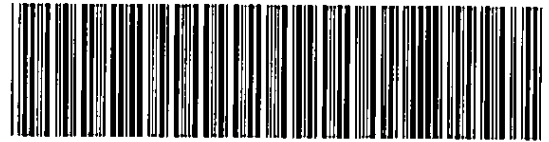
(Business Entity Name)

(Document Number)

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FEB 06 2021  
S. YOUNG

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** LIPPINCOTT BROTHERS PROPERTIES 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:

BRYON LIPPINCOTT

\_\_\_\_\_  
Name of Person

LIPPINCOTT BROTHERS PROPERTIES LLC

\_\_\_\_\_  
Firm/Company

116 S MELVILLE AVE

\_\_\_\_\_  
Address

TAMPA FL 33606

\_\_\_\_\_  
City/State and Zip Code

LBIPROPERTYHOLDINGSLLC@GMAIL.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BRYON LIPPINCOTT

813

444-8984

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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:**

☒ \$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. Name of the limited liability company: LIPPINCOTT BROTHERS PROPERTIES LLC
2. (a) LIPPINCOTT BROTHERS PROPERTIES LLC  
Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)  
116 S MELVILLE AVE  
TAMPA, FL 33606  
10/13/2020
- (b) LIPPINCOTT BROTHERS PROPERTIES LLC  
Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)  
116 S MELVILLE AVE  
TAMPA, FL 33606  
L20000324843
3. Date of filing/registration in Florida
4. Document number
5. (a) LIPPBROS LLC  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
LIPPBROS LLC  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
2920 N TAMPA ST  
TAMPA, FL 33602
- (b) LIPPBROS LLC  
Enter name of NEW Registered Agent and/or NEW Registered Office address:  
LIPPBROS LLC  
NEW Registered Office Address:  
116 S MELVILLE AVE  
TAMPA, FL 33606

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

BRYON LIPPINCOTT

Printed or typed name of signer

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

Signature of Registered Agent

**Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314**

**FILING FEE: \$25.00**