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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CUSTOM ARTC 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:

LAUREL LAKE

Name of Person

CUSTOM ARTC, LLC

Firm/Company

3753 CRIMSON CLOVER DRIVE

Address

MOUNT DORA FL 32757

City/State and Zip Code

INFO@CUSTOMARTC.COM

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

For further information concerning this matter, please call:

LAUREL LAKE

Name of Person

at (407) 716-9420

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: CUSTOM ARTC LLC

2. (a) _____ (b) _____

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

1317 EDGE WATER DRIVE SUITE 3953

ORLANDO FL 32804

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

1317 EDGEWATER DRIVE SUITE 3953

ORLANDO FL 32804

10/16/2020

L20000328183

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:

LAUREL LAKE

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

3753 CRIMSON CLOVER DR

MOUNT DORA, FL 32757

(b) _____
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

LAUREL LAKE

NEW Registered Office Address:

1317 EDGEWATER DRIVE SUITE 3953

ORLANDO, FL 32804

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

LAUREL LAKE

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

2021 SEP 23 AM 11:46

FILED