## L20000366784

(Re	equestor's Name)	
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Certified Copies	_ Certificates	of Status
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Special Instructions to	Filing Officer:	
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Office Use Only



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## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: EW Custom Woodworks LCC 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 f	ollowing:		
Eric Welder Name of Person			
EW Coston Woodworks LLC Firm/Company			
48 Cedarstone Way	_		
Scirt Augustine FL 32092 City/State and Zip Code	_		
Ewcust and bood works a Comoi E-mail address: (to be used for future annual report notific	cation)		
For further information concerning this matter, please call:			
Eric Wolden at 904 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  \$5	☐ \$55 Filing Fee & Certified Copy		

INHS18 (2/14)

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR RÉGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutés, 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. N	ame of the limited liability company: EW Custon Woodworks UC
2. (a)	48 Codarstone Way (b) 48 Codarstone Way
2. (u)	Principal office address of limited liability company:  Mailing address of limited liability company:
	(Note: MAY BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
	Saint Augustine, FL 32012 Saint Augustine, FL 3201
	11/19/2020 120000 366784
3.	Date of filing/registration in Florida 4. Document number
5. (a)	US Corporations Agent Inc
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
	5575 South Semoran Blvd
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
	Suite 36
	Orlando , FL 32822
(b)	Fric Welden 27
( )	Enter name of NEW Registered Agent and/or NEW Registered Office address:
	Harman of NEW Registered Agent and/or NEW Registered Office address:
	48 Cedarstone Way
	NEW Registered Office Address:
	Sairt turusting, FL =
	FL 32092
	imited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the or changes are made, the Florida street address of the registered office and the business office of the registered
agent v	will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s)
	ere authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in icles of organization of the operating agreement of the limited liability company.
2	Fric Welden
Signa	ture of a member or authorized representative of a member  Printed or typed name of signee
1 horo	by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the
provisi	ions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept ligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed ely reflect a change in the registered office address, I hereby confirm that the limited liability company has been
to mer	ely reflect a change in the registered agent as provided for in Chapter 605, 1.5. Or, it this accument is being fred ely reflect a change in the registered office address, I hereby confirm that the limited liability company has been
популе	d in writing of this charge.

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