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(Business Entity Name)
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(Document Number)
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COVER LETTER

TO: Registration Section Division of Corporations	
Spiderhole, LLC SUBJECT:	
	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:
Kevin C. Maxwell	
Name of Person	
Law Office of Kevin C. Maxwell	
Firm/Company	
255 Primera Blvd., suite 160	
Address	
Lake Mary, Florida 32746	
City/State and Zip Code	
kevincmaxwell@gmail.com	
E-mail address: (to be used for future annua	l report notification)
For further information concerning this matter, pl	lease call:
Kevin C. Maxwell	407 467-4960 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 ar	mount:
S \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy
INHS18 (2/14) (X+2272	

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)		(1	o)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ `	·/	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
_		_		
8/	/10/2021		L2000	00381942
	Date of filing/registration in Florida	4.		Document number
) <u>K</u>	Cevin C. Maxwell, Esq			
	egistered Agent and Registered Office shown on the records of	the Florida	Dept. o	of State:
7	33 West Colonial Drive, Orlando Fl 32804			
Re	egistered Office Address (MUST BE FLORIDA STREET	IDDRES:	<u> </u>	
7	33 West Colonial Drive			
	Orlando	32804		
_	, FL			
				180 P
— Fn	nter name of NEW Registered Agent and/or NEW Registered	Office od	descri	— SE
Ę.	name of NEW Registered Agent and of MEW Registered	ymice ao	uress.	P-8
N	EW Registered Office Address:			AH 10: 49
2.	55 Primera Blvd, suite 160,			
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	ake Mary	32746		$\mathscr{C}_{\mathcal{I}}$
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Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00