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(Requestor's Name)									
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PICK-UP WAIT MAIL									
<u>. </u>									
(Business Entity Name)									
(Document Number)									
Certified Copies Certificates of Status									
Special Instructions to Filing Officer:									





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COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJE	552 MICCOSUKEE, LLC		
		Name of Limited Li	iability Company
Dear Si	r or Madam:		
The enc	losed Registered Agent/Registered	Office Change and	fee(s) are submitted for filing.
Please r	eturn all correspondence concerning	this matter to the	following:
Jason M	iller		
	Name of Person		_
Morgan	& Morgan		
	Firm/Company		_
1857 Be	ach Avenue		
	Address		_
Atlantic	Beach, FL 32233		
· ·	City/State and Zip Cod	e	_
JMiller@	forthepeople.com		·
E-1	mail address: (to be used for future	annual report notifi	cation)
For furth	ner information concerning this mat	ter, please call:	
Jason M	iller	904 at (994-0821
	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
I	Enclosed is a check for the follows	ing amount:	
ĺ	\$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. N	ame of the limited liability company: 552 MICCOSUR	KEE, LLO	C					
2. (a)								
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		()		Mailing address ((Note: MAY I	of limited lie	ability con	npany;
	1857 Beach Avenue			1857 Beach	Beach, FL 32233			
	Atlantic Beach, FL 32233			Atlantic Be				
	12/18/2020		!	.200003963	323			
3.	Date of filing/registration in Florida	4,		-	Document nu	ımber		
5. (a)								
ν. (u)	Registered Agent and Registered Office shown on the records of Miller, Jason	the Florie	da I	Dept. of State	:			
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES	<u>SS)</u>	<u> </u>				
	12856 BAY PLANTATION DRIVE							
	Jacksonville, FL, FI	32223					2022 SEP 13	
							Ę	
(b)	Enter name of NEW Registered Agent and/or NEW Registered	d Office o	4.1.	w		-	3	, 20
	and the state of t	<u>u conice a</u>	uu	<u>ess</u> .			PH 12: 1	5 2 E
	Jason Miller					<u>.</u>	<u>2</u>	
	NEW Registered Office Address:						15	
	1857 Beach Avenue							
	Atlantic Beach	32233						
1 <i>6</i> ds 1:			-		., . , ,	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
change agent v was/we	imited liability company is not organized under the later or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liter authorized by an affirmative vote of the members of cless of organization or the operating agreement of the	register ability co of the lin limited	ed om nite lial	office and pany, it is additional to the contract of the contr	the business hereby confit company or pany.	office of t	the regis	tered
Signat	ture of a member or authorized representative of a member				Printed or typed	I name of sig	nce	
provisie he obli o mere notifiea	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change incharge istered office address, I if I writing of information	ee to ac perform d for in hereby c	t in an Che on)	this capac ce of my di apter 605, arm that th	city. I further uties, and I a F.S. Or, if the utilitied liah	r agree to m familiar us docume bility comp	comply with an ent is be exany has	with the ad accept ing filed s been
Signatur	re of Registered Afrent							

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