## L210 00000 52L8

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

Office Use Only

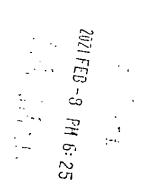


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MAR 2 4 2021

S. YOUNG



## COVER LETTER

TO: Registration Section- Division of Corporations	
McDaniel Family Investments, LLC SUBJECT:	
	mited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Char	age and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	r to the following:
Sarah N. Knight	
Name of Person	
Smith Hulsey & Busey, Professional Association	
Firm/Company	<del></del>
1 Independent Drive, Suite 3300	
Address	
Jacksonville, Florida 32202	
City/State and Zip Code	
medaniel.cody@gmail.com	
E-mail address; (to be used for future annual repo	ort notification)
For further information concerning this matter, please of	call:
Sarah N. Knight 9	359-7782
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 amoun	t:
S25 Filing Fee	S55 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. Na	nme of the limited liability company: McDaniel Fami	ily Investments, I	LC
, -	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	8166 Highway 90, Sneads, Florida 32460		
	January 1, 2021		000005268
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	Registered Agent and Registered Office shown on the records Smith Hulsey & Busey, P.A.	of the Florida Dept	, of State:
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS)	
	One Independent Drive, Suite 3300		2021
	Jacksonville	FL_32202	2021 FEB
(b)	Enter name of NEW Registered Agent and/or NEW Register		
	Enter name of NEW Registered Agent and/or NEW Register	red Office address	·
	Cody G. McDaniel		79 (n
	NEW Registered Office Address:		
	2049 Cascada Drive		
	Sneads	FL <sup>32460</sup>	
change agent v was/w	imited liability company is not organized under the e or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the member icles of organization or the operating agreement of the street of the member icles of organization or the operating agreement of the street of the member icles of organization or the operating agreement of the street of the street or th	laws of the State he registered off liability compar s of the limited	fice and the business office of the registered ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in ity company.  McDaniel
Signa	ture of a member or authorized representative of a member		Printed or typed name of signee
provisi the obl to mer	by accept the appointment as registered agent and a ions of all statutes relative to the proper and comple ligations of my position as registered agent as providely reflect a change in the registered office address, d in writing of this change.	te nertarmance	of my didies, and Lam familiar With and accept
Signatu	ire of Registered Agent		

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