## KZ10000 20408

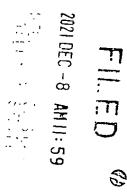
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C. BRUMBLEY DEC 2 2 2021

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Jour Garden Name of Limited Lia	
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change and f	ec(s) are submitted for filing.
Please return all correspondence concerning this matter to the fo	ollowing:
Alex B. Miller Name of Person	_
Your Garden Yard LL Firm/Company	
1715 Fiesta Dr.	_
Sarasota, FL 34231 City/State and Zip Code	
E-mail address: (to be used for future annual report notific	na-(-com
For further information concerning this matter, please call:  Alex Billies at (941)  Name of Person	Sab - 4222 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:	

☐ \$55 Filing Fee & Certified Copy

∑ \$25 Filing Fee

## 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.

		3	, eg ea agein,	or born, in me ora	ic of 1 ioriuu.
1. N	ame of the limited liability company:	Garden	Yard	466	
2. (a)	1775 Fiesta Dr.	(b)	1775	Firster	Dri
	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)		_	ess of limited liability  Y BE POST OFFICE	
		1231	Swa so		<u>⋷⋼⋃⋏</u> ⋜ <i>(</i> ДЭ⋜)
			<del></del>	14/2 3	1-(2/)
	//07/202/ /Date of filing/registration in Florida		L2100	00204	08
3.		4.	Document		
5. (a)					
	Registered Agent and Registered Office shown on the record 2548 Hawthorne	•	1		
	2548 Hawthorne Registered Office Address MUST BE FLORIDA STRE		<u> </u>		
		<u> </u>		202 1	
	Sarasota	FL FL		I DE(	الل
				. 8	
(b)	Alex B Mille				m
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Regist</u>	ered Office address:		AM II:	O
	Hlex B Miller			59	•
	NEW Registered Office Address:		<del> </del>		B
	1775 Fiesta Dr				
	Sarasolo	FI 342	21		
			<u></u>		
change	mited liability company is not organized under the or changes are made, the Florida street address of	the registered off	ice and the busine	ss office of the re	gistered
agent w was/we	the authorized by an affirmative vote of the membe	d liability compan ers of the limited I	iy, it is hereby cor iability company (	ifirmed that the ch	iange(s)
the artic	cles of organization or the operating agreement of	the limited liabilit	ty company.	10	
Signati	ure of a member or authorized representative of a member		ARY HUNE	: 口.DOWIC ped marije of signage	-
I hereb	ov accept the appointment as registered agent and	agree to act in thi	is converted form	Mc Alex	In mith the
the obli	gations of my position as registered agent as prov	ete perjormance c ided för in Chanta	oj my aunes, ana 1 er 605 FS Or ii	' am familiar with This document is:	and accept heing filed
notified	ly reflect a change in the registered office address in writing of this change.	neren emgam		wenny company h	mo oten
Signatur	e of Registered Agent				