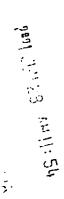
h210000032167

(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:						





800368847918



COVER LETTER

TO:		ration Section on of Corporations						
SUBJI	ECT:	Eugenia Mize Law, PLLC						
		Name of Limited Liability Company						
Dear S	Sir or Ma	ıdam:						
The en	iclosed I	Registered Agent/Registered C	Office Change and fo	ee(s) are submitted for filing.				
Please	return a	II correspondence concerning	this matter to the fo	ollowing:				
Eugeni	ia Mize							
		Name of Person		_				
Eugeni	ia Mize I	aw, PLLC						
		Firm/Company		_				
PO Bo	x 1856							
		Address		_				
Winter	r Park, FI	. 32790						
		City/State and Zip Code	:	_				
eugeni	a.mize@	gmail.com						
15	E-mail ac	dress: (to be used for future a	nnual report notific	ation)				
For fur	rther info	ormation concerning this matte	er, please call:					
Eugeni	ia Mize		407 at (925-2241				
		Name of Person	(Area Code & Daytime Telephone Number				
	Maili	ng Address:		Street Address:				
	_	tration Section		Registration Section				
		on of Corporations		Division of Corporations				
		Box 6327		The Centre of Tallahassee				
	Tallah	nassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
	Enclos	sed is a check for the followi	ng amount:					
	■ \$25 Filing Fee		□ \$55	Filing Fee & Certified Copy				

INHS18 (2/14)

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: Eugenia Mize La	w, PLL	C 				
2. (a)			(h)				
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	941 W. Morse Blvd. Suite 100		PO Box	1856			
	Winter Park, FL 32789		Winter P	Park, FL 32790			
	1/14/2021		L2100003	2167			
3.	Date of filing/registration in Florida	- 4.		Document number			
5. (a)						
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Eugenia Mize						
	Registered Office Address (MUST BE FLORIDA STREET)						
	941 W. Morse Blvd, Suite 100	- ;					
	Winter Park						
		.	<u> </u>				
(b)				— -			
	Enter name of NEW Registered Agent and/or NEW Registered	Enter name of NEW Registered Agent and/or NEW Registered Office address:					
	Eugenia Mize	, 15 15					
	NEW Registered Office Address:	_					
	941 W. Morse Blvd. Suite 100	_					
		32789					
				_			
chang agent was/w	limited liability company is not organized under the lave or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liavere authorized by an aftirmative vote of the members of ticles of organization or the operating agreement of the	registe ability of of the li	rred office a company, it mited liabil	nd the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in			
((eur)	Eu	igenia Mize				
•	ature of a member or authorized representative of a member			Printed or typed name of signee			
provis the ob to met	thy accept the appointment as registered agent and agrifons of all statutes relative to the proper and complete ligations of my position as registered agent as provide rely reflect a change in the registered office address. It din writing of this change	perfori d for in	nance of mi Chapter 60	duties, and I am familiar with and accept. 5, F.S. Or, if this document is being filed			
Signat	ure of Registered Agent						
	Division of Corporations PO	Ray 63	27♠ Tallah:	2000 FI 3231.1			

FILING FEE: \$25.00

INHS18 (2/14)