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COVER LETTER

FO: Registration Section Division of Corporations	
Legal Web, LLC	
Name of L	limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Ch	ange and fee(s) are submitted for filing.
Please return all correspondence concerning this matt	er to the following:
Shane McElroy	
Name of Person	
legal Web, LLC	
Firm/Company	
6079 SE 45th Place	
. Address	
Ocklawaha, FL 32179	
City/State and Zip Code	
hane@floridalegalweb.com	
E-mail address: (to be used for future annual rep	port notification)
or further information concerning this matter, please	e call:
hane McElroy	850 693-9995 (
Name of Person	Area Code & Daytime Telephone Numbe
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 amou	int:
■ \$25 Filing Fee	S55 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.	Νa	ame of the limited liability company: Legal Web, LI	C			
2. (:	a)	16079 SE 45th Place		(b)	16079 SE 45th Place	
_, (,	,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
		Ocklawaha, Fl. 32179	_		Ocklawaha, Fl. 32179	
		02/23/21			L21000090226	
3. 5. (:1)	Date of filing/registration in Florida Shane P McElroy	4.	_	Document number	
,		Registered Agent and Registered Office shown on the records of t 2958 Wynn St	a Dept, of State:			
		Registered Office Address	<u>DDRE</u>	<u>SS)</u>	<u> </u>	
		Marianna, FL	32446			
(b)))	Shane P McElroy				
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> (dress:			
		16079 SE 45th Place				
		NEW Registered Office Address:				
		Oeklowaha , FL	32179		· ·	
chan; agent was/v	NG SG	mited liability company is not organized under the law or changes are made, the Florida street address of the rill be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of clessof organization or the operating agreement of the li	registe pility of the limited	red om mite lial	ed office and the business office of the registered impany, it is hereby confirmed that the change(s) ited liability company or as otherwise provided it.	
	iati	ife of a member or authorized representative of a member			Printed or typed name of signee	
provi the o to me	su bli re	y accept the appointment as registered agent and agreons of all statutes relative to the proper and complete p gations of my position as registered agent as provided by reflect a change in the registered office address. The in writing of this change.	25161511	1/111/	mee of my duties, and I om familier with and acc	1111
sign/ Signa		of Registers Agent				