## LZICCO/42555

(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:							
LORNE							
J. HOLE.							
J. HORNE DEC - 2 2021							

Office Use Only



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SECRETARY OF SELECTION OF SELECTION

## **COVER LETTER**

	gistration Section rision of Corporations						
SUBJECT:	ERDKIDS 2, LLC						
Name of Limited Liability Company							
Dear Sir or	Madam;						
The enclose	ed Registered Agent/Registered Off	ice Change and f	ee(s) are submitted for filing.				
Please retur	n all correspondence concerning th	is matter to the fo	ollowing:				
ветн а ва	XTER						
	Name of Person		_				
ERDMAN A	UTOMOTIVE						
	Firm/Company		_				
4650 HIGHV	VAY 520						
	Address		_				
COCOA, FL	32926						
	City/State and Zip Code	<b>1</b>	_				
BBAXTER@	MIKEERDMANMOTORS.COM						
E-mail	address: (to be used for future ann	ual report notific	ation)				
For further i	nformation concerning this matter,	please call:					
ВЕТН А ВА	XTER	321 at (	453-1313				
	Name of Person		Area Code & Daytime Telephone Number				
Reg Div P.O	iling Address: gistration Section ision of Corporations . Box 6327 lahassee, 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:

\$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.	Na	ame of the limited liability company:ERDKIDS 2, LLC					
2	(a)	4650 HIGHWAY 520		(b) 4650 HIGHWAY 520			
	·/	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)		
		COCOA, FL 32926	_	COCOA.	FL 32926		
		04/05/2021	_	L21000143	2588		
3. 5. (a	(2)	Date of filing/registration in Florida BRADLEY F WHITE, ESQ	4.		Document number		
	(4)	Registered Agent and Registered Office shown on the records of the Florida Dept. of Stat 730 E STRAWBRIDGE AVENUE					
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS) SUITE 209					
		MELBOURNE, FL	32901		- SSE - 9		
	(b)	BETH A BAXTER					
		Enter name of NEW Registered Agent and/or NEW Registered Office address:			of Salar		
		4650 HIGHWAY 520		07			
		NEW Registered Office Address:			_		
		COCOA, FL_	32926		_		
cha age wa:	inge int w s/we	mited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liab are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	registe bility c f the lii	red office ar company, it mited liabili	nd the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in		
			Ml	CHAEL ERI	DMAN		
	_	ture of a member or authorized representative of a member		-	Printed or typed name of signee		
pro the to i	visie obli nere	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address, I ha I in writing of this change.	e to ac perforn for in ereby c	t in this cap tance of my Chapter 60 confirm that	pacity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been		
Sig	nateri	Att a Natte					