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(Re	questor's Name)		
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(Crt	y/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Do	cument Number)		
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Certified Copies	_ Certificates	of Status	
Special Instructions to	Filing Officer:		





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## **COVER LETTER**

TO:	Registration Section Division of Corporations			
SUBJI	ECT: BWS Properties of Ocala LL	.c		
	Name of Limited Liability Company			
Dear S	ir or Madam:			
The en	closed Registered Agent/Registered Offi	ce Change and fee(s) are submitted for filing.		
Please	return all correspondence concerning the	s matter to the following:		
David	d Roberts			
	Name of Person	<del></del>		
Regis	stered Agents Inc			
	Firm/Company			
7901	4th St N, STE 300			
	Address			
St. P	etersburg, FL 33702			
	City/State and Zip Code			
branc	don.singletary@icloud.com			
E	-mail address: (to be used for future ann	ual report notification)		
For fur	rther information concerning this matter,	please call:		
Brand	don Singletary	at (352 ) 274-0724		
	Name of Person	Area Code & Daytime Telephone Number		
	STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section		
	Division of Corporations	Division of Corporations		
	Clifton Building	P.O. Box 6327		
	2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314		
	Enclosed is a check for the following	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.

. Na	me of the limited liability company:	ties of Oc	cala LLC
(a)	7901 4th St N, STE 300	(b)	7901 4th St N, STE 300
(4)	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)
	St. Petersburg, FL		St. Petersburg, FL
	33702		33702
	05/11/2021	L	_21000219681
	Date of filing/registration in Florida	4.	Document number
(a)	ACORN TAX AND WEALTH ADVISORS LL	.C	
(α)	Registered Agent and Registered Office shown on the records of	the Florida I	Dept. of State:
	7380 Sw 60th Ave		
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	
	SUITE 4		797
	Ocala , FI	34476	
(b)	Registered Agents Inc		<u></u>
(0)	Enter name of NEW Registered Agent and/or NEW Registered	d Office addr	ress:
	7901 4th St N		 ວ
	NEW Registered Office Address:		<del></del>
	STE 300		
	St. Petersburg	33702	

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to be registered office address, I hereby confirm that the limited liability company has been my first in a of this chapter. natified in writing of this change.

Brandon Singletary

Printed or typed name of signee

David Roberts - Assistant Secretary

Signature of Registered Agent

Signature of a member or authorized representative of a member