h21000 223133

(Requestor's Name)				
(Address)				
(Address)				
(Cit	ty/State/Zip/Phone #))		
PICK-UP	WAIT	MAIL		
(Bu	rsiness Entity Name)			
(Document Number)				
Certified Copies	_ Certificates of	Status		
Special Instructions to Filing Officer:				

Office Use Only



200372668532

08/13/21--01032 -023 **25.00

FILED OF SECRETARY SECRETA

C. BRUMBLEY

COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJi	873 #12 LLC E CT:					
		Name of Limited Liability Company				
Dear S	ir or Madam:					
The en	closed Registered Agent/Registered C	Office Change and	fce(s) are submitted for filing.			
Please	return all correspondence concerning	this matter to the f	following:			
Jack H	Kimble					
	Name of Person					
873 #1	2 LLC					
	Firm/Company					
47 Lak	ecliff Drive		<u></u>			
	Address					
Ormon	d Beach, Florida 32174-3050					
	City/State and Zip Code		_			
Jack_S	aranne@yahoo.com					
Ē	-mail address: (to be used for future a	nnual report notifi	cation)			
For fur	ther information concerning this matte	er, please call:				
Jack K	imble	386 at (547-1876			
_	Name of Person		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	ng amount:				
	■ \$25 Filing Fee	□ \$5	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. Na	ime of the limited liability company: 873 #12 LLC		
2. (a)	873 Hull Road, Unit 12, Ormond Beach, Florida 32174	(b) _	
2. (a)	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)
	873 Hull Road, Unit 12		
	Ormond Beach, Florida 32174		
	05/13/2021	L2	1000223133
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	Daniel Kimble		
). (a)	Registered Agent and Registered Office shown on the records of	Tthe Florida De	ept. of State:
	873 Hull Road, Unit 12,		
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	
		·	
	Ormond Beach	 L ³²¹⁷⁴	
(b)	Jack H Kimble		2021 NOV -5
` ,	Enter name of NEW Registered Agent and/or NEW Registered	d Office addre	SS: 5 71
			5
			SSE E IN
/	NEW Registered Office Address:		<u> </u>
	47 Lakecliff Drive		
	Ormond Beach	32174-3050 L	
	imited liability company is not organized under the la or changes are made, the Florida street address of the		
igent v	vill be identical. Or, in the case of a Florida limited li	ability comp	pany, it is hereby confirmed that the change(s)
he arti	ere authorized by an affirmative vote of the members cles of organization or the operating agreement of the	limited liab	pility company.
La	ture of a member or authorized representative of a member	JAC	Printed or typed name of signee
Signa	ture of a member or authorized representative of a member		Printed or typed name of signee
I herei provisi he obl to mere notified	by accept the appointment as registered agent and ag ons of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change.	ree to act in performanced for in Cha hereby confi	this capacity. I further agree to comply with the ce of my duties, and I am familiar with and accep upter 605, F.S. Or, if this document is being filed irm that the limited liability company has been
Signatu	re of Registered Agent		