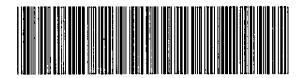
221000303092

(Requestor's Name)				
(Address)				
(Address)				
	(City/State/Zip/Phone #)			
PICK-UF	P WAIT MAIL			
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer:				

Office Use Only



700371768757

08/16/21--01020--005 **25.00

2021 VACS 112 BM 2: 13

KARD(1)8

AUG : 1 NOZ!

COVER LETTER

TO: Registration Section Division of Corporations		
Double D Trapping LLC SUBJECT:		
	imited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Cha	ange and fee(s) are submitted for filing.	
Please return all correspondence concerning this matte	er to the following:	
Ramona L Davis		
Name of Person		
Double D Trapping LLC		
Firm/Company		
450 County Road 204		
Address		
Hastings, FL 32145		
City/State and Zip Code		
aramona05@aol.com		
E-mail address: (to be used for future annual rep	ort notification)	
For further information concerning this matter, please	call:	
Ramona L Davis	904 669-7054	
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 amount	nt:	
□ \$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.

L Na	ame of the limited liability company: Double D Trappin	g LLC		
2. (a)	6295 US 1 S, Lot B Saint Augustine, FL 32086	6295 US 1 S Lot B, Saint Augustine, FL 32086		
147	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	1 July 2021 Date of filing/registration in Florida	L210003		
3.		4.	Document number	
5. (a)	Cheyenne Moseley, US Corp Agents			
	Registered Agent and Registered Office shown on the records of t UNITED STATES CORPORATION AGENTS INC	the Florida Dept, of S	State:	
	Registered Office Address (MUST BE FLORIDA STREET) 5575 S Semoran Blvd 36			
	Orlando FL	32822	2021 AUG	
(b)	Ramona I. Davis			
(47)	Enter name of NEW Registered Agent and/or NEW Registered	Office address:	6 PM 5	
	NEW Registered Office Address:		$\frac{1}{\omega}$	
	450 County Road 204		_	
	Hastings, FL	32145		
change agent v was/w the arti	imited liability company is not organized under the law e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members o icles of organization or the operating agreement of the	registered office ability company, in the limited liab	and the business office of the registered it is hereby confirmed that the change(s) lifty company or as otherwise provided in	
	ture of a member or authorized representative of a member	Timothy D Da		
Signa	ture of a member or authorized representative of a member		Printed or typed name of signee	
provisi the obt to mer	by accept the appointment as registered agent and agre ions of all statules relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address. I h d infwriting of this change.	ee to act in this c performance of n I for in Chapter 6 wreby confirm th	apacity. I further agree to comply with the w duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed at the limited liability company has been	
Signitio	re of Registered Agent			