

L21000 349391

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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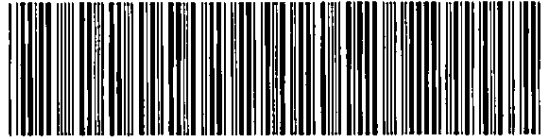
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Lone Magnolia Farms, LLC

\_\_\_\_\_  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sydney Grice

\_\_\_\_\_  
Name of Person

Anderson Business Advisors

\_\_\_\_\_  
Firm/Company

3225 McLeod Drive, #100

\_\_\_\_\_  
Address

Las Vegas, NV 89121

\_\_\_\_\_  
City/State and Zip Code

ra@andersonadvisors.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sydney Grice

\_\_\_\_\_  
Name of Person

800

at (\_\_\_\_\_) \_\_\_\_\_

7064741

\_\_\_\_\_  
Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**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. Name of the limited liability company: PRND749, LLC
2. (a) 625 E. Twiggs Street, Suite 110  
Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)  
Tampa, FL 33602
- (b) 3225 McLeod Dr, Suite 100  
Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)  
Las Vegas, NV 89121
3. 08/03/2021 Date of filing/registration in Florida
4. L21000349391 Document number

5. (a) RODERICK, STACY D  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

150 SE 116TH TERRACE

Williston FL 32696

- (b) Anderson Registered Agents, Inc.

Enter name of NEW Registered Agent and/or NEW Registered Office address:

625 E. Twiggs Street, Suite 110

NEW Registered Office Address:

Tampa FL 33602

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Sydney Grice

Digitally signed by Sydney Grice  
DN: cn=Sydney Grice, o=PRND749, LLC, ou=PRND749, LLC, email=sydney.grice@prnd749.com, c=US  
Date: 2021.08.03 16:11:07 -0700

Signature of a member or authorized representative of a member

Sydney Grice

Printed or typed name of signer

*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 merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

A. T. Mathis,

President

Digitally signed by A. T. Mathis  
DN: cn=A. T. Mathis, o=PRND749, LLC, ou=PRND749, LLC, email=amathis@prnd749.com, c=US  
Date: 2021.08.03 16:11:07 -0700

Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00

**FILED**  
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TALLAHASSEE, FL