121000376276

(Re	questor's Name)		
J. Priest			
- 22-326-SE yest in JACK! Hawthorne, FL 32640: M			
Hawthorne, The Skeyon in			
(Address)			
(Cit	y/State/Zip/Phone	e #)	
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PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(December 1)			
(Document Number)			
Certified Copies	Certificates	of Status	
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Special Instructions to	Filing Officer:		
Special Instructions to Filing Officer:			
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Office Use Only



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Cf 3/17/2022

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.

i. Na	me of the limited liability company:	3	
2. (a)	* * *		22326 SE 41st Lane, Hawthorne, FL 32640
(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(°)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	08/23/2021		.21000376276
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	JoAnna K Priest		
	Registered Agent and Registered Office shown on the records of t	he Florida	Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET A	ADDRESS)	
	Tampa, FL	33647	ZOZZ HAR
(b)	JoAnna K Priest		AR-8 A
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office add	SEE, FL
	NEW Registered Office Address:		——————————————————————————————————————
	22326 SE 41st Lane		
	Hawthome , FL	32640	
change agent vas was we the arti Signal I heretorovisi the oblice motified	imited 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 lia tre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the law of a member or authorized representative of a member of	registered bility cor f the limi limited limi JoAn	office and the business office of the registered apany, it is hereby confirmed that the change(s) and liability company or as otherwise provided in ability company. Printed or typed name of signee on this capacity. I further agree to comply with the