

121000413269

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

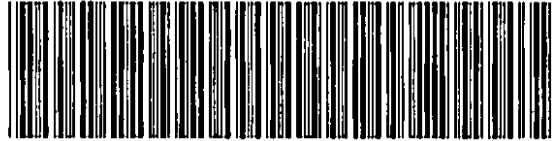
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900383996809

03/23/22--01012--017 \*\*35.00

FILED  
MAY -3 PM 2:49  
SECRETARY OF STATE  
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

2022 MAY -3 AM 7:41  
SECRETARY OF STATE  
TALLAHASSEE, FL

April 7, 2022

DAVID NUTTALL  
10485 SIDDINGTON DRIVE  
ORLANDO, FL 32832

SUBJECT: S&D ESTATES LLC  
Ref. Number: L21000413269

DIVISION OF CORPORATIONS  
PO BOX 6327  
TALLAHASSEE  
FL 32314

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a LIMITED PARTNERSHIP, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s). All pages must be returned in order to file the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Querida R Silas  
Regulatory Specialist II

Letter Number: 922A00008151

ATTACHED

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: DAVID NUTTALL Amelia Andrew S&D ESTATES  
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:

DAVID NUTTALL  
Name of Person

Firm/Company

10485 SIDINGTON DRIVE  
Address

ORLANDO FL 32832  
City/State and Zip Code

Davidj-nuttall@hotmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAVID NUTTALL at ( 907 ) <sup>406</sup> ~~408~~ 4520  
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:

☐ \$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: S & D ESTATES LLC

2. (a) 10485 SIDDINGTON DRIVE (b) 10485 SIDDINGTON DRIVE  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

ORLANDO, FL 32832 ORLANDO, FL 32832

3. 9/17/21 4. W21000413269  
Date of filing/registration in Florida Document number

5. (a) DAVID NUTTALL  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

10485 SIDDINGTON DRIVE 7901 4TH ST N, STE 300  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

ORLANDO, FL 32832  
ST PETERSBURG, FL 33702

(b) DAVID NUTTALL  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

10485 SIDDINGTON DRIVE  
NEW Registered Office Address:

ORLANDO, FL 32832

**FILED**  
MAY -3 PM 2:49  
SECRETARY OF STATE  
TALLAHASSEE, FL

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.

[Signature]  
Signature of a member or authorized representative of a member

DAVID NUTTALL  
Printed or typed name of signee

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.

[Signature]  
Signature of Registered Agent