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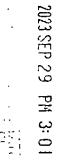
(Requestor's Name)
(Address)
· · ·
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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(Document Number)
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	COVER LETTER :						
	egistration Section vision of Corporations						
SUBJECT	HOLLY HILL RV RESORT L	.LC					
oobone.		Name of Limited L	ability Company				
Dear Sir o	r Madam:						
The enclos	sed Registered Agent/Registere	d Office Change and	fee(s) are submitted for filing.				
Please retu	ırn all correspondence concerni	ng this matter to the	following:				
DAVID B.	RUSSELL						
	Name of Person	·	_				
PAPPAS &	RUSSELL PA						
	Firm/Company		_				
213 SILVE	R BEACH AVENUE						
	Address						
DAYTONA	A BEACH, FL 32118						
	City/State and Zip Co	ode					
drussell@p	appasrussell.com						
E-ma	ail address: (to be used for futur	e annual report notifi	cation)				
For further	information concerning this m	atter, please call:					
DAVID B.	RUSSELL	386 at (254-2941				
	Name of Person		Area Code & Daytime Telephone Number				
Re Di P.	ailing Address: egistration Section livision of Corporations O. Box 6327 allahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
Er	nclosed is a check for the follo	wing amount:					
	\$25 Filing Fee	□ \$ <u>\$</u>	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.

(a)			(b)				
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			_	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) EWOOD AVENUE		
	950 RIDGEWOOD AVENUE		950 F	_			
	HOLLY HILL, FL 32117	-	HOLLY HILL, FL 32117				
	09/29/2021		L2100	0428232			
	Date of filing/registration in Florida	4.		Document	number	•	
(a)	RAINER MARTENS						
. ,	Registered Agent and Registered Office shown on the records of	the Flori	da Dept. o	of State:			
	Registered Office Address (MUST BE FLORIDA STREET	ADDRE.	<u>55)</u>			21	
	2190 JOHN ANDERSON DRIVE					(023 SEP	
	ORMOND BEACH, FI	L <u>32176</u>			٠	\$EP 29	
b)	DAVID B. RUSSELL					****	
ĺ	Enter name of NEW Registered Agent and/or NEW Registered	d Office :	ddress:			FH 3:	
					:-::	0	
	NEW Registered Office Address:						
	213 SILVER BEACH AVENUE						
	DAYTONA BEACH, FI	L_32118					
e li	imited liability company is not organized under the la	ws of th	e State o	of Florida, it is he	ereby coi	nfirmed that a	
ıgc	or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited li	e registe ability o	red offic company	ce and the busine y, it is hereby cor	ss office ifirmed t	of the register hat the change	
tν				ability company		–.	

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 of Registered Agent