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COVER LETTER

Division of Corporations	
SUBJECT: MICKLYNN, LLC	
Name of Limited Lia	ibility Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change and f	ee(s) are submitted for filing.
Please return all correspondence concerning this matter to the fo	ollowing:
Susan Gorski Name of Person	_
MICKLYNN, LLC Firm/Company	_
6010 Cassia Drive	_
Ft. Pierce, FL 34982 City/State and Zip Code	_
E-mail address: (to be used for future annual report notific	net ation)
For further information concerning this matter, please call:	
Susan Gorski at 615 Name of Person) 110-125 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:	
N \$25 Filing Fee	S Filing Fee & Certified Copy

INHS18 (2/14)

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

161110510 (571.6)

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. Na	ame of the limited liability company: MICKLYNN, LLC	
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (b) 6010 Cassia Mailing address of limited liability company: (Note: MAY BE POST OF FREED ADDRESS)	y company:
	Ft. Pierce, FL us 3498a Ft. Pierce, FL	US 3498
3.	October 11, 2021 Lat 000 44 1964 Date of filing/registration in Florida 4. Document number	
5. (a)	Trevor Dowley, Inc Authority RA Registered Agent and Registered Office shown on the records of the Florida Dept. of State:	22
	3900 N. Drange St, Ste 2300-N Registered Office Address (MUST BW FLORIDA STREET ADDRESS)	0CT 17
	Orlando, FL 32801	H 30
	<u>Orlando</u> .FL 32801	7: 42
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:	
	LOUO Cassia Drive NEW Registered Office Address:	
	Ft. Pierce II 34982	
change agent v was/we	limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed or changes are made, the Florida street address of the registered office and the business office of the will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the ere authorized by an affirmative vote of the members of the limited liability company or as otherwise icles of organization or the operating agreement of the limited liability company.	registered change(s)
Signa	sture of a member or authorized representative of a member Stean Corect Printed or typed name of signee	
provisi the obl to mer	by accept the appointment as registered agent and agree to act in this capacity. I further agree to consider of all statutes relative to the proper and complete performance of my duties, and I am familiar will ligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document reflect a change in the registered office address, I hereby confirm that the limited liability compand in writing of this chapter.	nply with the th and accept is being filed y has been
Signatu	iry of Registered Agent	