L21000498689

(Requestor's Name)								
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(City/State/Zip/Phone #)								
PICK-UP WAIT MAIL								
(Business Entity Name)								
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COVER LETTER

	stration Section ision of Corporations								
SUBJECT:	Mitzel Properties LLC								
Name of Limited Liability Company									
Dear Sir or	Madam:								
The enclose	d Registered Agent/Registered Office (Change and fe	e(s) are submitted for filing.						
Please retur	n all correspondence concerning this m	atter to the fo	llowing:						
Timothy C M	1itzel								
	Name of Person	····	-						
Mitzel Prope	erties LLC								
	Firm/Company	1	-						
1987 Altair F	Path								
	Address		_						
The Villages	FL 32163								
	City/State and Zip Code								
temit73@gm	nail.com								
E-mai	l address: (to be used for future annual	report notifica	ation)						
For further	information concerning this matter, plea	ase call:							
Timothy Mit		515	360-3372						
<u> </u>	Name of Person		Area Code & Daytime Telephone Number						
Reg Div P.C	gistration Section Vision of Corporations D. Box 6327 Iahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303						
Enc	closed is a check for the following am	ount:							
₽ \$	325 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. N	ame of the limited liability company: Mitzel Propertie	es LLC					
2. (a)		(b)					
-: (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing ad	dress of limited l	ess of limited liability company: Y BE POST OFFICE BOX)		
	3322 Eisenhower Way		1987 Altair Path				
	The Villages FL 32163		The Villages FL 321	693			
	11/19/2021	Į	.21000498689				
3.	Date of filing/registration in Florida	4.	Docume	nt number			
5. (a)	Timothy C Mitzel						
J. (a,	Registered Agent and Registered Office shown on the records of the	Dept. of State:					
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			 17*	20		
	3322 Eisenhower Way		2163 2163 20 C				
	The Villages, I	FL		ับธ์ 2	22		
(b)	Timothy C Mitzel			至			
(0)	Enter name of NEW Registered Agent and/or NEW Registered Office address:				ۺ	•	
					Ű.		
	NEW Registered Office Address:						
	1987 Altair Path						
	The Villages, I	FL					
chang agent was/w the art	limited liability company is not organized under the le or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the members ticles of organization or the operating agreement of the members and the control of the members are the operating agreement of the members are the control of the members and the control of the members are the control of the members are the control of the members are the control of the members and the control of the control	he registered liability con s of the limi- ne limited lia	l office and the bus npany, it is hereby ted liability compar	iness office o confirmed tha	f the regi it the cha	stered nge(s)	
	ature of a member or/authorized representative of a member			r typed name of	signec		
I here provis the ob to mer notifie	why accept the appointment as registered agent and a sitions of all statules relative to the proper and completed ligations of my position as registered agent as provided rely reflect a change in the registered office address, and in writing of this change.	gree to act i le performa led for in Ci I hereby coi	n this capacity. I fince of my duties, ar napter 605, F.S. Oi afirm that the limite	urther agree t ad I am famili r, if this docu ed liability coi	o comply ar with a ment is b npany ho	with the ind accept eing filed is been	

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