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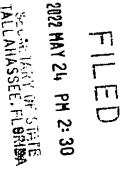
(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT	MAIL					
(Business Entity Name)	<u> </u>					
(Document Number)						
Certified Copies Certificates of	Status					
Special Instructions to Filing Officer:						
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COVER LETTER

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TO:	Registration Section	A district and apply to proper or any				
	Division of Corporations			2022 MAY 24	AM 7-1.4	
	Damm Legacy LLC			ZUZZ NAT Z4	AU 1-41	
SUBJ	ECT:	Name of Limited	Liability Company	TALLAHASSEE, FL		
D (in an Mandami			77,227		
	ir or Madam:					
The e	closed Registered Agent/Registere	ed Office Change ar	nd fee(s) are submitted	d for filing.		
Please	return all correspondence concern	ing this matter to th	e following:			
Jamic	Damm					
	Name of Person					
	Firm/Company					
17452	NW 175th Ave.					
	Address					
Alachi —	a, Florida 32615					
	City/State and Zip C	lode				
jdamm	@samtheconcreteman.com					
1	-mail address: (to be used for futu	re annual report not	ification)			
For fu	ther information concerning this n	natter, please call:				
Jamic	Damm	908 at (2561890			
	Name of Person		Area Code & Da	ytime Telephone	Number	
	Mailing Address:		Street Address	3:		
	Registration Section		Registration Se			
	Division of Corporations		Division of Co	•		
	P.O. Box 6327		The Centre of			
	Tallahassee, FL 32314		2415 N. Monro Tallahassee, FI	e Street, Suite (2 32303	310	
	Enclosed is a check for the following	owing amount:				
	\$25 Filing Fee	۵	\$55 Filing Fee & Cer	rtified 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.

1. N a	ame of the limited liability company:	m Legacy LLC						
2. (a)	17452 NW 175th Avenue, Alachua, FL. 32615	5	(b)	2603 NW 1	3th Street, Suite	: 172, Gaine	sville, l	L 32609
(_,	Principal office address of limited liability of (Note: MUST BE STREET ADDRE	• •	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)					
3	December 22, 2021		. —	20000018	42 Document num			
3.	Date of filing/registration in Flori April Damm	.da	4.		exocument num	idei		
5. (a)	Registered Agent and Registered Office shown on t	the records of the	Florida D	ept. of State	:			
	Registered Office Address MUST BE FLORID 32301 SW 202 Place	DA STREET AD	DRESS)			=1	Ka	
	Homestead	, FL ³³	030			Scut ALL/	8022 H	
(b)	April Damm					AHASSEI	MAY 24	——————————————————————————————————————
(-)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>	W Registered Of	ffice addre	<u> </u>		YOF SI	PH	
	NEW Registered Office Address:						2: 30	
	17452 NW 175 Ave	· <u> </u>	· · · · -					
	Alachua	. FL ³²	615					
change agent was/we the arti	imited liability company is not organized upor changes are made, the Florida street additional be identical. Or, in the case of a Florida re authorized by an affirmative vote of the cles of organization or the operating agreement of a member or authorized representative of a member of a member of authorized representative	dress of the re a limited liabil members of the ment of the lin	gistered lity comp he limite	office and cany, it is d liability comp camm	the business of hereby confirm company or as	ffice of the ned that the otherwise	registe chang provid	ered e(s)
l heret provisi the obli to mere notified	by accept the appointment as registered age ons of all statutes relative to the proper and igations of my position as registered agently reflect a change in the registered office if in writing of this change.	ent and agree	to act in rformand or in Cha eby conf	this canau	city I further i	naree to co	mnh: u	ith the accept ig filed been