

122000012462

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

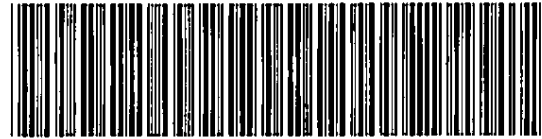
(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*RA Change*

MAR 15 2023  
D CUSHING

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** LI HEVER LLC  
Name of Corporation

**DOCUMENT NUMBER:** L22000012462

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

EARL A. GRAVES  
Name of Contact Person

LI HEVER LLC  
Firm/Company

8262 CAPE FOX DRIVE  
Address

JACKSONVILLE FLORIDA 32222  
City/State and Zip Code

LI4ever9@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

EARL A. GRAVES at (904) 343-2775  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

2023 APR 10 PM 4:33  
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TALLAHASSEE, FL  
DIVISION OF CORPORATIONS



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 1, 2023

EARL A GRAVES  
LI 4EVER LLC  
8262 CAPE FOX DRIVE  
JACKSONVILLE, FL 32222

SUBJECT: LI 4EVER LLC  
Ref. Number: L22000012462

We have received your document for LI 4EVER LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

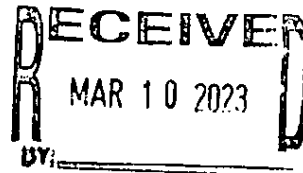
The form you submitted is for a Corporation, but your entity is a Limited Liability Company. Please ~~complete and return the enclosed blank form(s).~~

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.

Diane Cushing  
Senior Section Administrator

Letter Number: 123A00004838



**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: LI 4Ever LLC.

2. (a) 8262 Cape Fox Drive Jax 32222 (b) 8262 Cape Fox Drive Jax 32222  
 Principal office address of limited liability company: Mailing address of limited liability company:  
 (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

3. JANUARY 12<sup>th</sup> 2022 Date of filing/registration in Florida 4. L220000 12462 Document number

5. (a) US Corp Agents, INC  
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
3575 S SEMORAN BLVD S6  
Orlando 1 FL 32822

(b) Earl A. Graves  
 Enter name of NEW Registered Agent and/or NEW Registered Office address:  
8262 Cape Fox Drive  
NEW Registered Office Address:  
JACKSONVILLE FL 32222

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 TALLAHASSEE, FLORIDA

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 Earl A Graves 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