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Office Use Only



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## COVER LETTER

TO: Registration Section

Division of Corporatio	ns					
<sub>SUBJECT:</sub> Florida Grea	t Products LLC					
Sobiler.	Name of Limited Liability Company					
Dear Sir or Madam:						
The enclosed Registered Agent	/Registered Office Change and fee(s) are submitted for filing.					
Please return all correspondenc	e concerning this matter to the following:					
Amy Highline						
Name	of Person					
Firm/C	Company					
004044 12 51 4						
2248 Meridian Blvd.,						
Addi	ess					
Minden, NV 89423						
City/State	and Zip Code					
ahighline@corporate	edirect.com					
	d for future annual report notification)					
For further information concern	ning this matter, please call:					
Amy Highline	at (775 ) 284-7161					
Name of Perso	Area Code & Daytime Telephone Number					
STREET/COURIER						
Registration Section	Registration Section					
Division of Corporatio						
Clifton Building	P.O. Box 6327					
2661 Executive Center Tallahassee, Florida 32						
Enclosed is a check for	r the following amount:					
\$25 Filing Fee	□ \$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

Florid	a.	5	***	55	•	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
1. Na	ame of the limited liabili	ty company: Florida Gr	eat P	roducts l	_LC		
2. (a)	2212 S Chickasaw			<sub>(b)</sub> 2212 S Chickasaw Trail			
(,		ess of limited liability company: BE STREET ADDRESS)	_	· /	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)		
	PMB 420			PMB 42	20		
	Orlando, FL 3282	5		Orlando,	FL 32825		
	03/16/2022			L22000	0132674		
3.		egistration in Florida	4.		Document number		
5. (a)	Legalinc Corporate	Services Inc.					
J. (ii)		ered Office shown on the records of	the Flori	da Dept. of State	- e:		
	5237 Summerlin	Commons				_	
	Registered Office Address	(MUST BE FLORIDA STREET	ADDRE	<u>SS)</u>	-	22	7022
	Suite 400						<u> </u>
	Fort Myers	, FI	3390	7	- -	;	7027 Star 26
(b)	Registered Age	nts Inc.					
(0)		red Agent and/or NEW Registered	d Office :	iddress:	-		2: 53
	7901 4th St N						(.)
	NEW Registered Office Ad				_		
	STE 300				_		
	St. Petersburg	, FI	. 337(	02	_		
the cha agent was/w the art	ange or changes are mad will be identical. Or, in a ere authorized by an affi icles of organization or t	is not organized under the la e. the Florida street address o the case of a Florida limited I mative vote of the members he operating agreement of the	f the repliability of the limited	gistered office company, it i mited liabilit	e and the business off s hereby confirmed th y company or as other npany.	ice of the at the ch	e registered tange(s)
Mod Follow by Signature of a member or authorized representative of a member			Printed or typed name of signee				
provis the ob- to mer	by accept the appointme ions of all statutes relati ligations of my position of ely reflect a change in the d'in writing of this chang	hat as registered agent and ag ve to the proper and complei as registered agent as providi ie registered office address, l ge.	ree to a e perfor ed for n hereby	et in this cap mance of my a Chapter 60: confirm that	acity. I further agree duties, and I am famil 5, F.S. Or, if this doct the limited liability co	to comp liar with ament is ompany	oly with the and accept being filed has been

Signature of Registered Agent

Bill Havre

- Assistant Secretary