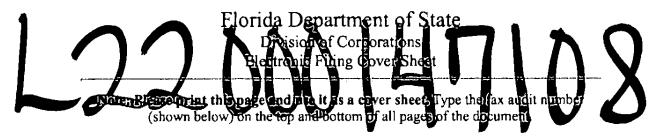
9/24/24, 8:44 AM

Division of Corporations



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Rlstubblefield64@att.net

LLC REGISTERED AGENT CHANGE ROBERT STUBBLEFIELD LLC

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M. SOLOMON

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Fax Audit # H24000324567.3

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: robert stubblefic	eld LLC					
7 (a)	717 Lola Ave	(b	717 Lola				
2 . ,	Principal office address of limited liability company: (Note: MUST BE STREET (DDRESS)			Mailing address of limite (Note: MAY BE PUS	d hability ed	mpany:	
	Deltona, Florida 32738	_	Deltona,	Florida 32738			
	3/25/2022	- -	L2200014	7108			
3.	Date of filing/registration in Florida	4.		Document number			
5. (a)	Business Filings Incorporated						
* * * * * * * * * * * * * * * * * * *	Registered Agent and Registered Office shown on the records of th	ie Florida	Depr. of State	- •-			
	1200 South Pine Island Road						
	Registered Office Address MUST BE FLORIDA STREET. 4	DDRESS)		, ,	is:	2	
				_	ZEC:)2 ₄	
	Plantation , FL	33324			m	SEF	esea.
(b)	Robert Stubblefield Enter name of NEW Registered Agent and/or NEW Registered C		<u>[67]</u>	·	HASSEE	2024 SEP 24 PM	
	717 Lola Ave				STATE , FL	4:21	
	NEW Registered Office Address:						
	Deltona , FL	32738		·			
the cha agent was w	imited liability company is not organized under the lawsinge or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the liaber.	s of the : he regis whity con the limi imited h	State of Flo tered office mpany, it is ted liability ability cor	and the business of hereby confirmed to company or as other	ffice of the that the ch	registe	red
Signs	ture of a member or nutricitized representative of a member			Printed or typed name of	of signee		
provisi the ob- to mer notifie	by accept the appointment as registered agent and agre tims at all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered affice address. I had it in writing of this change.	e to act verforma for in C vreby co	in this cape nee of viv o hapter 605 nfirm that i	acity. I turther agre luties, and I am fam . F.S. Or, if this doc the limited liability o	e to comp iliar with cument is company l	ly with t and acc being fi as Secr	the rept led