## 00200969

(Re	equestor's Name)	<del> </del>			
(Ad	dress)	···			
(Ad	dress)				
(Cit	ry/State/Zip/Phon	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificate	Certificates of Status			
Special Instructions to Filing Officer:					
	Wr	nills			

Office Use Only



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04/03/24--01010--004 \*\*25.00

## **COVER LETTER**

TO: Registration Section Division of Corporations						
FULL ENGLISH LLC SUBJECT:						
Name of Limited Liability Company						
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Office C	Change and fee(s) are submitted for filing.					
Please return all correspondence concerning this ma	atter to the following:					
REBECCA CORDES						
Name of Person						
Firm/Company						
1385 W GARDEN ST						
Address						
PENSACOLA, FL 32502						
City/State and Zip Code						
becky@firsttown.net						
E-mail address: (to be used for future annual r	eport notification)					
For further information concerning this matter, plea	ise call:					
REBECCA CORDES a	850 316-8700 t ()					
Name of Person	Area Code & Daytime Telephone Number					
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					
Enclosed is a check for the following amo	ount:					
■ \$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.

t. Na	ame of the limited liability company: FULL ENGLISI	H LLC			
2. (a)		(b)			
(-/	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	1385 W GARDEN ST		5 W GARDEN ST		
	PENSACOLA FL 32502		NSACOLA, Fl. 32502		
	4/27/2022 & 5/1/2022	1.220	00200969		
3.	Date of filing/registration in Florida	4.	Document nu	mber	
5. (a)	JASON WILTSHIRE				
J. (4)	Registered Agent and Registered Office shown on the records of	of the Florida Dept	. of State:		
	1385 W GARDEN ST				
	Registered Office Address (MUST BE FLORIDA STREET	T ADDRESS)			
				<b>⊣ ~</b> 2	
	PENSACOLA	FL		# [ 2024 APR SEUM TALLE/***	
(h)	REBECCA CORDES			PR -3	
·	Enter name of NEW Registered Agent and or NEW Registers	ed Office address	:	-	
	1385 W GARDEN ST				
	NEW Registered Office Address:			<u></u> 54	
	PENSACOLA F	32502			
change agent v was/we the arti	imited liability company is not organized under the lie or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members icles of organization or the operating agreement of the difference of a member or authorized representative of a member.	aws of the State he registered off liability compar s of the limited he limited liabili	fice and the business ny, it is hereby confir liability company or ity company. A WILTSHIRE	office of the registered med that the change(s)	
provisi the obl to mer	by accept the appointment as registered agent and as ions of all statutes relative to the proper and complet ligations of my position as registered agent as providely reflect a change in the registered office address, if in writing of this change.	le performance.	of my duties and Lac	m familiar with and accept	
Signatu	ire of Registered Agent				