L22000262576

| (Requestor's Name) | | | | | | |
|---|--|--|--|--|--|--|
| (Address) | | | | | | |
| | | | | | | |
| (Address) | | | | | | |
| (City/State/Zip/Phone #) | | | | | | |
| PICK-UP WAIT MAIL | | | | | | |
| | | | | | | |
| (Business Entity Name) | | | | | | |
| (Document Number) | | | | | | |
| Certified Copies Certificates of Status | | | | | | |
| Special Instructions to Filing Officer: | | | | | | |
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Office Use Only



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COVER LETTER

| TO: Registration Section Division of Corporations | |
|--|--|
| Outdoor Effects SUBJECT: | |
| | Name of Limited Liability Company |
| Dear Sir or Madam: | |
| The enclosed Registered Agent/Regis | stered Office Change and fee(s) are submitted for filing. |
| Please return all correspondence cond | cerning this matter to the following: |
| John Russell Butler | |
| Name of Per | son |
| Outdoor Effects | |
| Firm/Compa | ny |
| 1691 Joeline Court | |
| Address | |
| Winter Park Florida 32789 | |
| City/State and Z | ip Code |
| russbutler259@gmail.com | |
| E-mail address: (to be used for | Suture annual report notification) |
| For further information concerning th | is matter, please call: |
| J. Russ Butler | 734 657-5923 at () |
| 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 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.

| I. Na | une of the limited liability company: | | | | | | |
|---------------------------------------|---|---|--|--|--|---------------------------------------|-------------------------------|
| 2. (a) | 1691 Joeline Court | <i>(</i> | (b) 1691 Joeline Court | | | | |
| (a) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | (| | Mailing address of limited (Note: MAY BE POST | • | | |
| | Winter Park, FL 32789 | | Winter Parl | k, FL 32789 | | | |
| | June 8, 2022 | | L220002625 | | | | |
| 3. | Date of filing/registration in Florida | 4. | | Document number | | | |
| 5. (a) | Uniteds States Corporation Agents, Inc | | | _ | | | |
| , , | Registered Agent and Registered Office shown on the records of 5575 S. Semoran Blvd | 2: | | | | | |
| | Registered Office Address (MUST BE FLORIDA STREE | T ADDRES | <u>(S)</u> | _ | | | |
| | Suite 36 | | | _ | AL | 2027 | |
| | Orlando I | FL_32822 | | <u>.</u> | > | JU. | |
| (b) | John Russell Butler | | | _ | ALLAHASSEE. | 2022 JUN 27 PM | |
| ` , | Enter name of NEW Registered Agent and/or NEW Register | ed Office a | ddress: | | | | [_] |
| | 1691 Joeline Court | _ | FLORIDA | 1: 55 | | | |
| | NEW Registered Office Address: | | | | 14. | | |
| | Winter Park | 32789 | | _ | | | |
| chang agent was/w the arr | limited liability company is not organized under the le or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the member ticles of organization or the operating agreement of the attraction of the member of a member of authorized sepresentative of a member | laws of the registe liability of the limited | red office an company, it i mited liabilit l liability con hn Russell Bu | d the business office is hereby confirmed the company or as other inpany. tler Printed or typed name of the confirmed or typed name or typed n | of the reg hat the cha erwise pro of signee | gistered ange(s ovided | d in |
| provis the ob- to me notifie | eby accept the appointment as registered agent and a sions of all statutes relative to the proper and comple oligations of my position as registered agent as provide rely reflect a change in the registered office address, and in writing of this change. | igree to a ite perfori ded for in I hereby | ct in this cap nance of my Chapter 60: confirm that | activ. I jurther agree duties, and I am fam 5, F.S. Or, if this doc the limited liability c | z to compi iliar with rument is t rompany h | y wun and ac being j ias bee | i ine scepi filed en |

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00