

L22 000 428 455

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

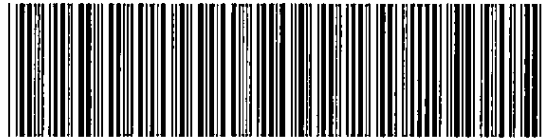
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700424672777

FILED

2024 MAR -4 PM12:12

STATE OF FLORIDA
TALLAHASSEE, FL

RECEIVED

2024 MAR -4 AM11:43

TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MAKING BUCKS LLC
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 correspondence concerning this matter to the following:

MARGARET THAYER
Name of Person

MAKING BUCKS LLC
Firm/Company

15125 U.S. HWY 19 S. PMB #113
Address

THOMASVILLE GA 31792
City/State and Zip Code

MATHAYER@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARGARET THAYER at (907) 741-3386
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

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: MAKING BOOKS, 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)

209 FONTAINE DR 15125 W. 11th ST. PMB 7113
THOMASVILLE, GA 31792 THOMASVILLE, GA 31792

3. 10/4/22 4. 122000428455
Date of filing/registration in Florida Document number

5. (a) MARGARET A. THAYER
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)
63 KENNEDY DR.
BEULAH FL 32501

(b) JOHN A. LEELEON
Enter name of NEW Registered Agent and of NEW Registered Office address

NEW Registered Office Address:
3507 NEPTUNE DR.
CIRLENDON FL 32504

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 member, authorized representative, or officer

MARGARET A. THAYER
Printed or typed name of signer

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 effect 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

FILED
2024 MAR -4 PM 12:12
STATE OF FLORIDA
TALLAHASSEE, FL