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(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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ANTANASSEE FLORIDA

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: McBride & Lang LLC Name of Limited Lia	1
Name of Limited Lia	binty Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change and f	ee(s) are submitted for filing.
Please return all correspondence concerning this matter to the fo	ollowing:
Jessica McBr. Le Name of Person	
Name of Person	
McBride & Lang, LLC	_
Firm/Company	
2509 Crescent Rd	
Address	_
Navarre FL 32566	
City/State and Zip Code	_
J. fish. mcbride @g mail. cul	Tation)
For further information concerning this matter, please call:	
	Area Code & Daytime Telephone Number
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 □ \$5	5 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.

saomus oie jouoning staten			Larg, LL	
1. Name of the limited lia	omij company.	(13/10/2014		
2. (a) <u>2509 C</u>	escent Rd	(b)		rescent Rd
Principal office :	iddress of limited fiability compa UST BE STREET ADDRESS)	ny:		of limited liability company: <u>BE POST OFFICE BOX</u>)
Navas	-12 FL 3256	<u> </u>	Nusur.	ce FC 32566
Oct	20, 2022 ng/registration in Florida	4.	L 220004	
	•			
	Low UNITE			INC.
1	egistered Office shown on the rec	ords of the Florida De	pt. of State:	
Lecal	COVV ESS <u>(MUST BE FLORIDA ST</u>	PRET ANDRESS		. 52
				TALLAMASS
	Riversicle		* ** · · · · · · · · · · · · · · · · · ·	
Jackson	ville	FL <u></u>	202	ASS. T.
1				(1)
(b) <u>Jessic</u>	- MiBrid	1000		=
Enter name of NEW Re	gistered Agent and/or NEW Reg	gistered Office addre	· <u>sss</u> :	8: 44 8: 44 FLORID
_ Jessia	a M. Bride			IDA F
NEW Registered Office	: Address:	00		
2509	: Address: Crescond	Col		
			- ,	
Navas	-16	FL32 <u>S</u>	66	
change or changes are madagent will be identical. Or, was/were authorized by an the articles of organization	e, the Florida street address in the case of a Florida lim affirmative vote of the men or the operating agreement	of the registered of the liability composited liability composited limite of the limited liab	office and the busines bany, it is hereby conf d liability company o	firmed that the change(s) r as otherwise provided in
	orized representative of a member			
I herefy accept the appoin provisions of all statutes re the obligations of my positi to merely reflect a change i notified in writing of this cl	lative to the proper and cor on as registered agent as p n the registered office addr	nd agree to act in nplete performanc rovided for in Cha ess, I hereby conf	this capacity. I further of my duties, and I upter 605, F.S. Or, if irm that the limited like	er agree to comply with the am familiar with and accept this document is being filed ability company has been
Sygnature of Registered Agent				