## L22000515042

(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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## COVER LETTER

Division of Corporations	•
SUBJECT: LOCKED	Tw LEGACY LLC Name of Limited Liability Company
	Name of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered	ered Office Change and fee(s) are submitted for filing.
Please return all correspondence conce	erning this matter to the following:
	NER on
PH4SICAL Firm/Compan	ADDRESS
1317 EDGEWATER DE	
URLANDO, FL City/State and Zip	32804 c Code
locked in legacy & a ma E-mail address: (to be used for fu	il.com uture annual report notification)
For further information concerning thi	s matter, please call:
Name of Person	at ( 407 ) 513 - 2703  Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassec, 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 fo	ollowing amount:
S25 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.

1. Na	ame of the limited liability company:	DIN LEC	CACY LLC		
	1317 EDGE WATER DR		1319 EDGEWATER DE	2	
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability (Note: MAY BE POST OFFICE	company:	
	STE 5841		STE 5861		
	DRLANDO, FL 32804		ORLANDO, FL 3280	)4	
	12/07/2023 Date of filing/registration in Florida	_ ,	L23000515042		
3.		4.	Document number		
5. (a)					
	Registered Agent and Registered Office shown on the records of	the Florida Dept.	, of State:		
	5220 DOOLAN CT		\\ \bar{\bar{\bar{\bar{\bar{\bar{\bar{	<b>~</b> 3	
	Registered Office Address (MUST BE FLORIDA STREET	<u>ADDRESS)</u>	reci item	F-11	
			AHA	E Ti	
	<u>DRLANDO</u> , FI	32808	SSE SSE	6 -	
			m c	至 [[]	
(b)	cal Gardner			ت و	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office address:	•	 	
	1317 EDGEWATER DR		,-		
	NEW Registered Office Address:		<del></del>		
	STE 5861				
	<u>ORLANOU</u> . FI	L32804			
If the 1	imited liability company is not organized under the la		e of Florida, it is hereby confirmed t	that after the	
change	or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited li	e registered off	fice and the business office of the re	egistered	
was/wo	ere authorized by an affirmative vote of the members	of the limited l	liability company or as otherwise pr	rovided in	
the arti	icles of organization or the operating agreement of the	limited liabili	ity company.		
Signature of a member or authorized representative of a member			Printed or typed name of signee		
provisi the obl to mer	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change.	ree to act in thi performance of d for in Chapt hereby confirn	is capacity. I further agree to composition of my duties, and I am Jamiliar with ter 605, F.S. Or, if this document is a that the limited liability company	ply with the h and accept s being filed has been	
Signatu	re of Registered Agent				

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