## 122000 525021

(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:						
J DENNIS						
AUG 1 8 2023						

Office Use Only



200412618742

07/21/23--01021--009 \*\*25.00

## **COVER LETTER**

INHS18 (2/14)

TO:	Registration Section Division of Corporations							
SUBJECT: LEGACY OF DISTENCTION LLC  Name of Limited Liability Company								
Dear S	Sir or Madam:							
The er	iclosed Registered Agent/Registered C	Office Change and f	ee(s) are submitted for filing.					
Please return all correspondence concerning this matter to the following:								
	CAL GARONEF Name of Person	ζ	<del></del>					
	PHYSICAL ADKE Firm/Company	રહાડ						
13	17 EDGEWATER DR SU Address	ITE 5861						
	DRUMBO FL 33 City/State and Zip Code	804						
	locked in legacy earn	Lail. COM nnual report notific	cation)					
For further information concerning this matter, please call:								
	Name of Person	at ( <u>4</u> 07	) 476 - 5723 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	<b>□</b> \$5	5 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.

I. Nar	me of the limited liability company:	OF D	SISTINCTION LLC	
2. (a)	10.00 10.00 mm. 1 1 A		1317 EDGEW	ATER DR
.,_	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	-	-	nited liability company: POST OFFICE BOX)
	SIE 5861		STE 5861	
	DRLANDO, FL 32804	_	ORLANDO, FL	39804
	12/15/2022  Date of filing/registration in Florida	. <u> </u>	L220005	25021
3.	Date of filing/registration in Florida	4.	Document numb	er
5. (a)	TY NORMAN		<del> </del>	
	Registered Agent and Registered Office shown on the records of th	ne Florida I	Dept. of State:	
	5330 DODLAN CT			20
	Registered Office Address (MUST BE FLORIDA STREET A	<u>DDRESS)</u>		FI Sei be iar 1023 Jul 2
	DRLANDO FL	3280	8	22 (38)
				20 27 20 20 20 20 20 20 20 20 20 20 20 20 20
(b) _	Cal Gardner	~~~	<del></del>	3: 38
	Enter name of NEW Registered Agent and/or NEW Registered C	Office add	ress:	<b>3</b> 5 m
	1317 EDCEWATER DR NEW Registered Office Address:			
	STE 5861			
		<del></del>	<del></del>	
	DRIANDO FL	3280	04	
change agent w was/we	mited liability company is not organized under the law or changes are made, the Florida street address of the rill be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the limited liab.	registered bility con f the limit	d office and the business off npany, it is hereby confirmated liability company or as	fice of the registered ed that the change(s)
Signati	ure of a member or authorized representative of a member		Printed or typed na	me of signee
I hereb provision the oblit to mere notified	by accept the appointment as registered agent and agreents of all statutes relative to the proper and complete partions of my position as registered agent as provided by reflect a change in the registered office address, I have in writing of this change.	ve to act i verforman for in Cl ereby con	n this capacity. I further as nce of my duties, and I am J napter 605, F.S. Or, if this nfirm that the limited liabili	gree to comply with the amiliar with and accept document is being filed ty company has been
Signatur	e of Registered Agent			