## L23000048617

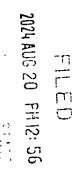
| (Requestor's Name)                      |                   |                         |  |  |  |
|---|-------------------|-------------------------|--|--|--|
| (Address)                               |                   |                         |  |  |  |
| (Address)                               |                   |                         |  |  |  |
| (Cit                                    | ry/State/Zip/Phon | e #)                    |  |  |  |
| PICK-UP                                 | ☐ WAIT            | MAIL                    |  |  |  |
| (Business Entity Name)                  |                   |                         |  |  |  |
| (Do                                     | cument Number)    | )                       |  |  |  |
| Certified Copies                        | _ Certificate:    | s of Status             |  |  |  |
| Special Instructions to Filing Officer: |                   |                         |  |  |  |
|   | A                 | J. HORNE<br>UG Z 6 2024 |  |  |  |
|   | <u> </u>          |                         |  |  |  |





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08/28/24--018-3--007 \*\*25.00



## **COVER LETTER**

|                   | distration Section ision of Corporations   |                    |   |
|-------------------|--|--------------------|---|
| SUBJECT:          | Law Office of Ryan Tindall, PLL  | C                  |   |
| South Circ        |  | ame of Limited     | Liability Company   |
| Dear Sir or       | Madam:   |                    |   |
| The enclose       | d Registered Agent/Registered C  | Office Change an   | d fee(s) are submitted for filing.  |
| Please return     | n all correspondence concerning  | this matter to the | e following:  |
| Ryan Tindall      | t  |                    |   |
|                   | Name of Person   |                    | <del></del>   |
| Law Office o      | of Ryan Tindall, PLLC  |                    |   |
|                   | Firm/Company   |                    | <del>-</del>  |
| P. O. Box 55      |  |                    |   |
|                   | Address  |                    | <del></del>   |
| Oakland, FL       | 34760  |                    |   |
|                   | City/State and Zip Code  |                    | <del></del>   |
| tindalllegal@     | Picloud.com  |                    |   |
| E-mail            | address: (to be used for future a  | nnual report not   | ification)  |
| For further i     | nformation concerning this matte   | er, please call:   |   |
| Ryan Tindall      |  | -407<br>at (       | 798-7723  |
|                   | Name of Person   |                    | Area Code & Daytime Telephone Number  |
| Reg<br>Div<br>P.O | iling Address: gistration Section rision of Corporations Box 6327 lahassee, FL 32314 |                    | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, F1, 32303 |
| Enc               | losed is a check for the following   | ng amount:         |   |
| <b>■</b> \$       | 25 Filing Fee  | ۵                  | \$55 Filing Fee & Certified Copy  |
| 1NHS18 (2/1-      | 4)   |                    |   |

## 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  | me of the limited liability company: Law Office of Ry   | an Tindall  | , PLLC   |   |
|--|---|---|--|---|
| 2. (a)   |   | (b  | 1  |   |
| <b>-</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)  |
|  | 13 Oakland Pointe Circle  |   | P. O. Box  | x 55  |
|  | Oakland, FL 34760   | _<br>   | Oakland  | , FL 34760  |
| 3.   | Date of filing/registration in Florida  | <br>4.  | <u>-</u>   | Document number   |
|  |   |   |  |   |
| 5. (a)   | Registered Agent and Registered Office shown on the records of  | the Florida   | Dept. of St  | ate:  |
|  | Ryan Tindall  |   |  | _   |
|  | Registered Office Address (MUST BE FLORIDA STREET)  | (ADDRESS)   |  | HALL F  |
|  | 4232 Centergate Lane Apt. 103   |   |  | 6 2 TL  |
|  | Orlando Fl.   | 32814   |  | FILED 2024 AUG 20 PH 12: 51   |
|  |   |   |  | 11/2:   |
| (b)  | Enter name of NEW Registered Agent and/or NEW Registered  | Office add  | ress:  | - <b>56</b>   |
|  | Glenn Tindall   |   | <del></del>  |   |
|  | NEW Registered Office Address:  |   |  | _   |
|  | 105 W Plant Street, Unit 9  |   |  |   |
|  |   |   | -  | <del>_</del>  |
|  | Winter Garden, FL   | 34787   |  |   |
| change<br>agent w<br>was/we<br>the ard<br>Signal | imited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liable re authorized by an affirmative vote of the members of the organization or the operating agreement of the under the appointment as registered agent and agreement of all stratutes relative to the proper and complete igations of my position as registered agent as provided by reflect a charge in the registered office address. It is in writing of this charge. | registered<br>ability con<br>of the limi<br>limited limited limited limited limited limited | d office as appany, it ted liability co white the second s | nd the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in impany.  Printed or typed name of signee pacity. I further agree to comply with the |
| St   | in Writing of the Change.  Let all all a series of Registered Agent   |   |  |   |