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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

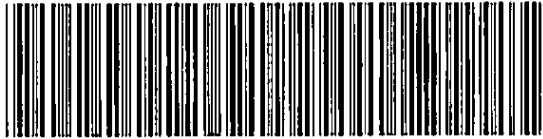
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: CHARLES F. ANGELIER III L.L.C.
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CHARLES F. ANGELIER III
Name of Person

CHARLES F. ANGELIER III L.L.C.
Firm/Company

2212 RIVER RIDGE ROAD
Address

DELAND, FL 32720
City/State and Zip Code

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

For further information concerning this matter, please call:

CHARLES F. ANGELIER III 407 947-3455
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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TALLAHASSEE, FL
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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: CHARLES F. ANGELIER^{III} L.L.C.

2. (a) 2212 RIVER RIDGE ROAD Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

(b) 2212 RIVER RIDGE ROAD Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

DELAND
FLORIDA 32720

DELAND
FLORIDA 32720

3. 2-21-23
 Date of filing/registration in Florida

4. _____
 Document number

5. (a) CHARLES F. ANGELIER^{III}
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

2212 RIVER RIDGE ROAD
 Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

DELAND, FL 32720

(b) _____
 Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:

 _____, FL _____

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 TALLAHASSEE, FL

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.

Charles F. Angelier^{III}
 Signature of a member or authorized representative of a member

CHARLES F. ANGELIER^{III}
 Printed or typed name of signee

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 reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Charles F. Angelier^{III}
 Signature of Registered Agent

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CHARLES F. ANGLIER III L.L.C.

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

2212 RIVER RIDGE ROAD
DELAND
FLORIDA, 32720

Mailing Address:

2212 RIVER RIDGE ROAD
DELAND
FLORIDA 32720

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

CHARLES F. ANGLIER III

Name

2212 RIVER RIDGE ROAD

Florida street address (P.O. Box **NOT** acceptable)

DeLano FLORIDA 32720

City

State

Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating 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..

Charles F. Anglier III

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MGR

CHARLES F. ANGLIERTH
2212 RIVER RIDGE ROAD
DELAND, FL 32720

AMBR

MARY TOMPSON ANGLIER
2212 RIVER RIDGE ROAD
DELAND, FL 32720

(Use attachment if necessary)

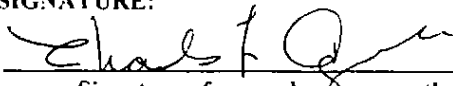
ARTICLE V: Effective date, if other than the date of filing: 2-21-23 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

CHARLES F. ANGLIERTH
Typed or printed name of signee

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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 TALLAHASSEE, FL