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## COVER LETTER

TO:	Registration Section Division of Corporations		•				
SUBJE	Stroud's Services LLC						
30131	Name of Limited Liability Company						
Dear Si	r or Madam:						
The end	closed Registered Agent/Registered Of	fice Change a	nd fee(s) are submitted for filing.				
Please 1	return all correspondence concerning t	his matter to t	he following:				
Susan S	itroud						
	Name of Person						
	Firm/Company	<u>.</u>					
11608 I	Layton Street						
	Address	-					
Leesbui	rg. FL 34788						
	City/State and Zip Code		<del></del>				
tsstroud	l@hotmail.com						
E	-mail address: (to be used for future an	inual report no	otification)				
For furt	ther information concerning this matte	r, please call:					
Susan S	Stroud	352 at (	602-8612				
	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 followin	g amount:					
	\$25 Filing Fee		\$55 Filing Fee & Certified Copy				
INHS18	3 (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:  Stroud's Services	LLC				
7 (2)			(b)			
2. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		(0)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	11608 Layton Street			11608 Lay	yton Street	
	Leesburg, FL 34788	<del></del>	-	Leesburg,	, FL 34788	
	04/27/2023		L	230002094	9459	
3.	Date of filing/registration in Florida	4.			Document number	
<i>c</i> (-)	United States Corporation Agents, Inc.					
5. (a)	Registered Agent and Registered Office shown on the records of	the Flor	ida E	ept. of Stat	ate:	
	Registered Office Address (MUST BE FLORIDA STREET	ADDRE	<u>'S\$)</u>		_	
	476 Riverside Ave.				s <b>26</b>	
(b)	Jacksonville , Fi	32202 L	SECRETAR TALLAHA			
	Susan Stroud				AHAN	
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :				3 PM 4: 35 RY OF STATE ASSEE, FL	
	NEW Registered Office Address:				•	
	11608 Layton Street			····	-	
	Leesburg , F	L <u>34788</u>			_	
change agent v was/we	imited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	e registe iability of the li	ered com imit	office an pany, it is ed liabilit	nd the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in	
Ju	san Offrond	Si	usan	Stroud	Disable and the second second	
Signa	ture of a member or authorized representative of a member			.1 .	Printed or typed name of signee	
provisi the obl to mer	hy accept the appointment as registered agent and ag ions of all statules 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 a e perfort ed for in hereby	nct ii man i Ch con	this cap ce of my c apter 605 firm that	pacity. I further agree to comply with the adules, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been	
Signatu	ire of Registered Agent					