L230002/372/

(Requestor's Name)				
(Address)				
(Address)				
(City	y/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificate:	s of Status		
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24 OCT -2 PM 2:51

COVER LETTER

TO:	O: Registration Section Division of Corporations				
SHRJ	TERRAIN OUTDOOR LIGHTING, LLC				
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		e of Limited	Liability Company		
Dear S	Sir or Madam:				
The et	nelosed Registered Agent/Registered Offi	ce Change an	d fee(s) are submitted for filing.		
Please	return all correspondence concerning thi	s matter to th	e following:		
Ryan	Shoop	_			
	Name of Person				
TERF	RAIN OUTDOOR LIGHTING, LLC				
	Firm/Company				
135 .	Jenkins Street				
	Address				
St A	ugustine, FL 32086				
	City/State and Zip Code				
	ricmind89@gmail.com				
	E-mail address: (to be used for future ann	ual report not	ification)		
For fu	rther information concerning this matter,	please call:			
MON	ICA DOMINIAK	303	999-9813		
	Name of Person		Area Code & Daytime Telephone Number		
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	R E P	Composition Section Division of Corporations P.O. Box 6327 Callahassee, Florida 32314		
	Enclosed is a check for the following amount:				
	☑ \$25 Filing Fee	0	\$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: TERRAIN OU	TDOOR LIGHT	ING, LLC
	OLD ADDRESS	(b) NEW A	DDRESS
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	209 Isle Way Lane	135 Jer	nkins Street
	Ponte Vedra Beach, FL 32082	St. Aug	ustine, Florida 32086
	05/01/2023	L230002	213721
3.	Date of filing/registration in Florida	<u> </u>	Document number
5. (a)	SHOOP, RYAN M (CEO)		
J. (a)	Registered Agent and Registered Office shown on the records of	the Florida Dept, of St	nte:
	209 ISLE WAY LANE, PONTE VEDRA BEA	CH, FL 32082	
	Registered Office Address (MUST BE FLORIDA STREET)	202 Ses	
	209 ISLE WAY LANE, PONTE VEDRA BEA	CRE CRE	
	. FL	-	FILED 2024 OCT -2 PM 2:51 SECRETARY OF STATE ALL AHASSTELFLORIDS
			LED Yor
(b)	SHOOP, RYAN M (CEO)		PM :
. ,	Enter name of NEW Registered Agent and/or NEW Registered	Office address:	- PATE S
	135 Jenkins Street St. Augustine, Florida 32	2086	- · · · · · · -
	NEW Registered Office Address.		
	135 Jenkins Street St. Augustine, Florida 32	2086	<u>_</u> .
	, FL		<u> </u>
the cha agent was/w the art	limited liability company is not organized under the large or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	Tthe registered offi ability company, it of the limited liabil Timited liability co	ce and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in ompany.
Signa	ature of a member or authorized representative of a member		Printed or typed name of signee
I here provis the ob to mer notifie	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 left reflect a change in the registered office address. It is writing of this change.	eas to act in this co	pacity. I further agree to comply with the v duties, and I am Jamiliar with and accep 05, F.S. Or, if this document is being filed at the limited liability company has been
Signati	ure of Registered Agent	y	