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(Requestor's Name)						
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(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
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(Decument Nijerbay)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
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01/06/24

COVER LETTER

	gistration Section vision of Corporations		
SUBJECT	Holliday & Associates, LLC		
VULUE		ame of Limited I	Liability Company
Dear Sir or	Madam:		
The enclose	ed Registered Agent/Registered O	ffice Change and	d fee(s) are submitted for filing.
Please retur	rn all correspondence concerning	this matter to the	e following:
John F. Holl	liday		
	Name of Person		
Holliday &	Associates, LLC		
	Firm/Company		
5162 First C	Coast Highway		
	Address		
Fernandina 1	Beach, FL 32034		
	City/State and Zip Code		
john.hollida	y@holliday.associates		
E-ma	il address: (to be used for future a	nnual report noti	fication)
For further	information concerning this matte	er, please call:	
John F. Holl	liday	404 at (542-4637
	Name of Person	(Area Code & Daytime Telephone Number
Re Div P.C	ailing Address: gistration Section vision of Corporations D. Box 6327 Ilahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
En	closed is a check for the following	ng amount:	
	\$25 Filing Fee		\$55 Filing Fee & Certified Copy
INHS18 (2/1	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. N	Same of the limited liability company: Holliday & Assoc	ciates, L	LC			
2. (a)	5162 First Coast Highway		(b) 5162 First Coast Highway			
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	Fernandina Beach, Florida 32034	_	Fernandina	a Beach, Florida 32034		
	Jun e 01, 2023		L230002663	282		
3.	Date of filing/registration in Florida	4.		Document number		
5. (a	UNITED STATES CORPORATION AGENTS, INC.					
<i>.</i> (a	Registered Agent and Registered Office shown on the records of 476 RIVERSIDE AVE.	the Flori	da Dept. of Stat	- e:		
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRE:	<u>SS)</u>	-		
	JACKSONVILLE, FL	32202		- _		
(b)	John F. Holliday					
	Enter name of NEW Registered Agent and/or NEW Registered Office address:					
	5162 First Coast Highway			- Ti) 6 PH 2: IO		
	NEW Registered Office Address:			PH 2: 10		
	Fernandina Beach	32034		_		
chang agent was/v the ar	limited liability company is not organized under the law ge or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liawere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	registe ability of of the li limited	red office an company, it is mited liabilit	d the business office of the registered is hereby confirmed that the change(s) y company or as otherwise provided in inpany.		
	ature of a member or authorized representative of a member			Printed or typed name of signee		
provi. the ol to me	eby accept the appointment as registered agent and agr sions of all statutes relative to the proper and complete bligations of my position as registered agent as provide rely reflect a change in the registered office address, I i ed in writing of this change.	ree to ac perfori d for in hereby	et in this cape mance of my of Chapter 605 confirm that	acity. I further agree to comply with the duties, and I am familiar with and accept i, F.S. Or, if this document is being filed the limited liability company has been		
Signal	ture of Registered Agent					

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00