## L 23 000 766 301

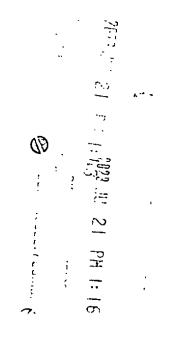
(R	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name)	
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(D	Ocument Number)	
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Certified Copies	Certificates o	of Status
Special Instructions to Fil	ling Officer:	
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## **COVER LETTER**

	istration Section ision of Corporations			
SUBJECT:	Micah Dodson Architectural St	udio, LLC		
		Name of Limite	ed Liability Company	
Dear Sir or l	Madam;			
The enclose	d Registered Agent/Registered	l Office Change	and fee(s) are submitted for filing.	
Please return	n all correspondence concerning	ng this matter to	the following:	
Micah Dodso	n			
	Name of Person			
· · · · · · · · · · · · · · · · · · ·	Firm/Company		<del></del>	•
1152 Mosswo	ood Chase			
· .	Address	-	<del> </del>	
Tallahassee, I	FL 32312			
	City/State and Zip Co	ode		
mdodson@m	da-studio.com			
E-mail	address: (to be used for future	e annual report n	otification)	
For further in	nformation concerning this ma	itter, please call:		
Micah Dodso	n	850	596-1700	
	Name of Person	ur (	Area Code & Daytime Telephone Number	
Reg Divi P.O.	ling Address: istration Section sion of Corporations Box 6327 ahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
Encl	osed is a check for the follow	ving amount:		
<b>□</b> \$2	25 Filing Fee		\$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.

2. (a)	1152 Mosswood Chase, Tallahassee, FL 32312	(0)_	52 Mosswood Chase, Tallahassee, FL 32312
	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	:	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	06/01/2023	1.2.	3000266301
3.	Date of filing/registration in Florida	<del></del> 4.	Document number
<del>.</del> ()	Northwest Registered Agent LLC		
5. (a)	Registered Agent and Registered Office shown on the record	ds of the Florida De	ept. of State:
	Registered Office Address (MUST BE FLORIDA STRI	FET ANN DECC	<del></del>
	7901 4TH ST N. STE 300	.11.1 ADDRESS)	25
			<del></del>
	ST. PETERSBURG	. FL_33702	<u> </u>
(1.)	Micah Dodson		<del>2</del>
(b)	Enter name of NEW Registered Agent and/or NEW Registered	tered Office addre	555:
			— · · · · · · · · · · · · · · · · · · ·
			· · · · · · · · · · · · · · · · · · ·
	NEW Registered Office Address:		
	1152 Mosswood Chase	· · · · · · · · · · · · · · · · · · ·	
	Tallahassee	, FL 32312	
hange gent v vas/we	imited liability company is not organized under the or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limite authorized by an affirmative vote of the members of organization or the operating agreement of	The registered of the liability compacts of the limited liability the limited liability.	office and the business office of the registered bany, it is hereby confirmed that the change(s) d hability company or as otherwise provided in ility company.
1/5	ure of a member or authorized representative of a member	Micah I	
-	·		Printed or typed name of signee
rovisi he obli	by accept the appointment as registered agent and ons of all statutes relative to the proper and comp igations of my position as registered agent as prov Ay reflect a change in the registered office addres:	lete performanc vided for in Cha <sub>l</sub>	e of my duties, and I am familiar with and accep

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

Signature of Registered Agent