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Office Use Only



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2024 OCT -1 PH 6: 10 SEAST AND SESTATE

COVER LETTER

TO: Registration Section Division of Corporations							
SUBJECT: S+T Land Service Name of Limited Liability	es LLC ty Company						
Dear Sir or Madam:							
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.							
Please return all correspondence concerning this matter to the following:							
Sara Saye Name of Person							
SAT Land Services L Firm/Company	LC						
2308 CR-179 Address							
Caryville, FL 32425 City/State and Zip Code							
Sara saye 991 @ gmail. com E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:							
Sara Saye at (850) Name of Person Ar	814-2430 rea Code & Daytime Telephone Number						
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	treet Address: egistration Section fivision of Corporations he Centre of Tallahassee 415 N. Monroe Street, Suite 810 allahassee, FL 32303						
Enclosed is a check for the following amount:							
Or\$25 Filing Fee S55 Fi already maiked INH\$18 (2/14)	ling Fee & Certified Copy						

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. Nai	me of the limited liabili	y company: S+	T Lana	Service	es LLC	
2 (1)	2308 CR-	179	(b) _	2308	CR-17	9
2. (u) <u>.</u>	Principal office addr	ess of limited liability comparate STREET ADDRESS		Mailing a (Note:	ddress of limited liab MAY BE POST OF	ility company: FICE BOX)
	Caryville	, FL 324°	<u> 25 </u>	Cary	ville, FL	32425
3.	6-15-20	egistration in Florida	4.		002901	80
		<u>-</u>	٦.	Docum	iem manioer	
	• •	ered Office shown on the reconstruction of the second of t		ept. of State:	·	
	Suite 30 Tallahas	see	.FL_3a3	301	2024 OCT - 1 PM SEUNI PART OF TALLAHASSEI	•
	Sara Sa Enter name of NEW Register	red Agent and/or NEW Reg	gistered Office addr	PSS:	PM 6: 10 OF STATE SSEE, FL	t
	NEW Registered Office Ad				1., —	
	Caryvil	le	_,FL_324	25		
change agent w was/we the artic	or changes are made, the fill be identical. Or, in the re authorized by an afficies of organization or the fill of	is not organized under e Florida street address he case of a Florida lim- mative vote of the men ne operating agreement	of the registered ited liability com ibers of the limite of the limited lial	office and the bupany, it is herebyed liability compositity company.	isiness office of the confirmed that the	ne registered ne change(s) se provided in
I hereh provision the oblition	w accont the annointme	nt as registered agent as to the proper and construction is registered agent as prepriete address.	nd aoree to act in	this capacity. I we of my duties, i upter 605, F.S. G irm that the limi	further agree to c and I am familiar Or, if this docume ted liability comp	comply with the with and accept on the being filed any has been to Swom to
Signatur	e of Registered Agent				September 8	
Nota	KELLEY UTHE OV Public - Notary Seal	sion of Corporations• FILI	P.O. Box 6327• ING FEE: \$25.00	Tallahassee, FI	L 32314	e/
(HS18 (2 ^{S)} My Commi	ATE OF MISSOURI Clinton County ission Expires: Jul. 28, 2027 mission # 22900810			Kel No	ley the tary publi	C