

L23000482350

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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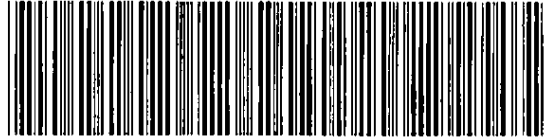
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Sandiproofsandedits, LLC  
Name of Limited Liability 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:

Sandra O'Connor, Mgr

Name of Person

Sandiproofsandedits, LLC

Firm/Company

2111 Acadia Greens Dr

Address

Sun City Center FL 33573

City/State and Zip Code

sandiksch@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sandi O'Connor at (813) 391-9581  
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 following amount:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

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**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. Name of the limited liability company: sandiproofsandedits, LLC

2. (a) 2111 Acadia Greens Dr.  
Principal office address of limited liability company:  
*(Note: MUST BE STREET ADDRESS)*  
Sun City Center, FL 33573

(b) 2111 Acadia Greens Dr, Sun City Center, FL 33573  
Mailing address of limited liability company:  
*(Note: MAY BE POST OFFICE BOX)*  
Sun City Center, FL 33573

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3. Oct 20, 2023 Date of filing/registration in Florida      4. L23000482350 Document number

5. (a) Oct 20, 2023  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Trvor Rowley, Inc Authority  
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*  
390 N Orange Ave, Ste 2800-N  
Orlando, FL 32801

(b) Sandra O'Connor, Mgr  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

Sandra O'Connor, Mgr  
**NEW Registered Office Address:**  
2111 Acadia Greens Dr.  
Sun City Center, FL 33573

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If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

*Sandra O'Connor*      Sandra O'Connor  
Signature of a member or authorized representative of a member      Printed or typed name of signee

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

*Sandra O'Connor*  
Signature of Registered Agent