## 123000505395

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





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## COVER LETTER

	egistration Section vision of Corporations		• 7
SUBJEC	r: RAD SERVICES OF LAKELAN		Liability Company
	1	ame of Limmee	i Liability Company
Dear Sir o	r Madam:		
The enclos	sed Registered Agent/Registered (	Office Change a	nd fee(s) are submitted for filing.
Please reti	irn all correspondence concerning	this matter to th	ae following:
RICHARD	) A DIEDERICH		
	Name of Person		
RAD SER	VICES OF LAKELAND, LLC		
	Firm/Company	···	<del></del>
5016 FOR	EST CREST DR		
	Address		
LAKELAN	ND, FL 33810		
	City/State and Zip Code	:	
RADIEDE	RICH@ATT.NET		
E-ma	ill address: (to be used for future a	innual report no	tification)
For furthe	r information concerning this matt	er, please call:	
RICHARD	A DIEDERICH	at ( 248	, 882-0809
	Name of Person	ur (	Area Code & Daytime Telephone Number
M	ailing Address:		Street Address:
	egistration Section		Registration Section
D	ivision of Corporations		Division of Corporations
P.	O. Box 6327		The Centre of Tallahassee
Та	illahassee, FL 32314		2415 N. Monroe Street, Suite 810
			Tallahassee, FL 32303
Eı	nclosed is a check for the followi	ng amount:	
	\$25 Filing Fee	55 Filing Fee & Certified Copy	

## STATÉMENT 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.

Name of the limited liability company: RAD SERVICES OF LAKELAND, LLC							
2.	(a)	RICHARD A DIEDERICH	_ (b	ı)			
	• /	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_ (0		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)		
		5016 FOREST CREST DR	_				
		LAKELAND, FL 33810	_				
2		NOVEMBER 7, 2023		L23000505	<del></del>		
3.		Date of filing/registration in Florida	4.		Document number		
5.	(a)	RICHARD A DIEDERICH					
		Registered Agent and Registered Office shown on the records of the	ne Florida	Dept. of Stat	e:		
		PRESIDENT					
		Registered Office Address (MUST BE FLORIDA STREET A	DDRESS	<u></u>	_		
		5016 FOREST CREST DR					
		3010 TOREST EREST ER			- 20		
		LAKELAND , FL	33810				
					2022   1711   15		
	(b)	RICHARD A DIEDERICH					
		Enter name of NEW Registered Agent and/or NEW Registered C	Office ad	dress:			
	•	MEMBER			2: !:		
		NEW Registered Office Address:			1,7		
		5016 FOREST CREST DR			_		
		LAKELAND , FL	33810				
ag ya	ange ent v r§/we	imited liability company is not organized under the laws or changes are made, the Florida street address of the rivill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the liable.	egistere oility co the lim imited l	ed office an mpany, it i ited liabilit	d the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in apany.		
	Signa	ture of a member or authorized representative of a member			Printed or typed name of signee		
thi to	ovisi e obl mere	by accept the appointment as registered agent and agre- ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided ely reflect a change in the registered office address, I he I in writing of this change.	e to act erforma for in C ereby co	in this cap ince of my Thapter 603 onfirm that	acity. I further agree to comply with the duties, and I am familiar with and accept is. F.S. Or, if this document is being filed the limited liability company has been		

Signature of Registered Agent