L23000550859

(Requestor's Name)						
(Address)						
(Address)						
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(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
(Boodinent Namoer)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
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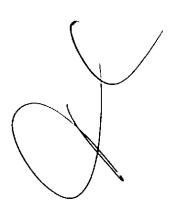
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October 18, 2024

WALTER THOMAS 2549 RYLAND FALLS DR LAKELAND, FL 33811

SUBJECT: REEDER MOTORS, LLC

Ref. Number: L23000550859

We have received your document for REEDER MOTORS, LLC and your check(s) totaling \$2485.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Wanite A Mills Regulatory Specialist II

Letter Number: 224A00023084

COVER LETTER

TO: Registration Secti Division of Corpe						
SUBJECT: REEDER MO						
	Name	of Limited 1.	iability Company			
Dear Sir or Madam:						
The enclosed Registered /	Agent/Registered Office	e Change and	fee(s) are submitted for filing.			
Please return all correspor	ndence concerning this	matter to the	following:			
Walter Thomas						
<u></u>	ame of Person		<u> </u>			
Walter Thomas, P.A.					207	
F	irm/Company			から	74 NO	E-74
2549 Ryland Falls Srive				AHASSEI	S- AON 1202	.∙a n=
	Address		_	SSE		
Lakeland, Florida 33811				円と	PM 3: 12	
City/	State and Zip Code			ii.	2	
walter@walterthomaspa.com	n					
E-mail address: (to b	be used for future annua	al report noti	lication)			
For further information co	oncerning this matter, p	lease call:				
Walter Thomas		863 at (940-4855			
Name of	Person	,	Area Code & Daytime Telephone Nu	ımber		
Mailing Address Registration Sec Division of Corp P.O. Box 6327 Tallahassee, FL	tion porations		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303)		
Enclosed is a cho	ck for the following a	mount:				
S25 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.

1. Na	ame of the limited liability company: REEDER MOTO	ORS, LLC	,				
2, (a)	2925 MALL HILL DR	((b)				
2. (,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
	LAKELAND, FL 33810		LAKELAN	D, FL 33810			
	12/14/2023		1.230005508	59			
3. 5. (a)	Date of filing/registration in Florida WALTER THOMAS, P.A.	4.	1	Document number			
J. (u)	Registered Agent and Registered Office shown on the records of 230 Doris Drive	the Florid	a Dept. of State	2024 N			
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRES	Sy	FILL ARM			
	Lakeland Fi	33813		SSEE S			
(b)	WALTER THOMAS, P.A.			2. 15 3: 15			
	Enter name of NEW Registered Agent and/or NEW Registered	l Office a	<u>ldress</u> :	,			
	2549 Ryland Falls Drive						
	NEW Registered Office Address:						
	Lakeland, FL	33811					
change agent was/w	limited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited his ere authorized by an affirmative vote of the members of icles of organisation or the operating agreement of the	register ability co of the lin limited	ed office and ompany, it is nited liability	the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany.			
Signa	iture of a memoer or author at representative of a member			Printed or typed name of signee			
provis the ob. to mer	by accept the appointment as registered agent and agricins of all statutes relative to the proper and complete ligations of my position as registered agent as provide selv reflect a change in the registered office address, 1 d in writing of this change.	ree to ac perform d for in hereby c	t in this capa ance of my d Chapter 605, onfirm that ti	city. I further agree to comply with the uties, and I am familiar with and accept F.S. Or, if this document is being filed be limited liability company has been			
Signati	ire of Registered Agent						