L2400000111273

(Requestor's Name)			
(Address)			
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(188.833)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Saamess Entry Name)			
(Document Number)			
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AUG 14
S. PRATHER



June 24, 2024

THE OX STORE LLC TYLER THOMPSON 920 NS 2ND ST GAINESVILLE, FL 32601

SUBJECT: THE OX STORE LLC Ref. Number: W24000095140

We have received your document for THE OX STORE LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a LIMITED PARTNERSHIP, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

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) 245-6939.

Stacy Prather Regulatory Specialist III

AUG 0 8 2024

Letter Number: 424A00013767

STATEMENT OF CHANGE OF REGISTERED O'TCE 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	ume of the limited liability company: The OX	Ston LLC
2. (a)	(t	b)
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	2-2-2024	L24000061673
3.	Date of filing/registration in Florida 4.	Document number
5. (a)	Cory fischer Registered Agent and Registered Office shown on the records of the Florida	
		a Dept. of State:
	1214 NW 31st AVe	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS	·•.
		1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1
	Gaines Ville FL 326	_
	- 1	101
(b)	MILL Thinpson	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office ad</u>	Idress:
	1016 SE 74 Ave	0.19% 6: 19 6: 18
	NEW Registered Office Address:	
	Gaines ville FL 32	2601
	imited liability company is not organized under the laws of the	
change agent w	or changes are made, the Florida street address of the registere will be identical. Or, in the case of a Florida limited liability co	ed office and the business office of the registered ompany, it is hereby confirmed that the change(s)
was/we	ere authorized by an affirmative vote of the members of the lim cles of organization or the operating agreement of the limited l	nited liability company or as otherwise provided in
	7 7	•
Signat	ture of a member or authorized representative of a member	Tyler Thompson Printed or typed name of signee
I hereb provision the oblition mere	by accept the appointment as registered agent and agree to act ons of all statutes relative to the proper and complete performations of my position as registered agent as provided for in Cely reflect a change in the registered office address, I hereby call in writing of this change.	t in this capacity. I further agree to comply with the ance of my duties, and I am Jamiliar with and accept Chapter 605, F.S. Or, if this document is being filed onfirm that the limited liability company has been
Signatur	re of Registered Agent	