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(Requestor's Name)							
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PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
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SECRETARY OF STATE

COVER LETTER

то:	Registration Section Division of Corporations							
SUBJ	ECI:							
	Name of Limited Liability Company							
Dear S	Sir or Madam;							
The en	nclosed Registered Agent/Registered Of	fice Change	and fee(s) are submitted for filing.					
Please	e return all correspondence concerning th	nis matter to	the following:					
	Name of Person							
Our Le	egacy OF Distinction			201				
	Firm/Company		 - ;	SECRETARY OF ST				
1317 E	Edgewater Dr STE 2871			AR I				
	Address			SSEE STREET				
Orland	do. FL 32804			TATE				
	City/State and Zip Code			ţ · 1				
legacy	ofdistinction@gmail.com							
	E-mail address: (to be used for future an	nual report r	notification)					
For fu	rther information concerning this matter	, please call	;					
Ty Nor	man	at (³²¹	, 332-2804					
	Name of Person		Area Code & Daytime Telep	hone Number				
	STREET/COURIER ADDRESS:		MAILING ADDRESS:					
	Registration Section Division of Corporations		Registration Section Division of Corporations					
	Clifton Building		O. Box 6327					
	2661 Executive Center Circle Tallahassee, Florida 32301		Tallahassee, Florida 32314					
	Enclosed is a check for the following	g amount:						
	S25 Filing Fee		3 \$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	our Legacy OF Dis	stinction LLC	; 		
2. (a)	1317 EDGEWATER DR	(b) ¹	317 EDG	EWATER DR	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(-)		Aailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	STE 2871		TE 2871		
	ORLANDO, FL 32804		RLANDO.	FL 32804	
	03/18/2024	L2	400013348	32	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)	CAL GARDNER				
``,	Registered Agent and Registered Office shown on the records of the	he Florida Do	ept. of State	:	
	1317 EDGEWATER DR				
	Registered Office Address (MUST BE FLORIDA STREET A				
	ORLANDO FL	32804			
	Northwest Registered Agent LLC			2024 MA SECRE	
	Enter name of NEW Registered Agent and/or NEW Registered Office address:				
	7901 4th St N			2024 MAY 17 PM 4: 39 SECRETARY OF STATE TALLAHASSEE, FL	
	NEW Registered Office Address:			Co.	
	STE 300			: 39 FATE	
	St. Petersburg , FL	33702	 -		
the cha agent v was/we	imited liability company is not organized under the law inge or changes are made, the Florida street address of a vill be identical. Or, in the case of a Florida limited lia are authorized by an affirmative vote of the members of icles of organization or the operating agreement of the l	the register bility completed f the limited limited liab	red office pany, it is d liability	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany.	
Signa	ture of a member or authorized representative of a member	····		Printed or typed name of signee	
provisi the obl to merc	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 dy reflect a change in the registered office address, I h d in writing of this change. Taylor Newman - Assistant Sec	performand I for in Cha ereby conf	this capa se of my a spter 605 irm that t	icity. I further agree to comply with the laties, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 **FILING FEE: \$25.00**

- Assistant Secretary

Signature of Registered Agent