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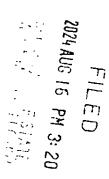
(Re	equestor's Name)	
(Ac	idress)	
(Ac	ddress)	
(Cit	ty/State/Zip/Phone #)	
PICK-UP	WAIT MAIL	
(Bu	isiness Entity Name)	
(Document Number)		
	Certificates of Status	
Special Instructions to Filing Officer:		
	J. HORNE AUG 2 1 2024	

Office Use Only



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09/19/24--01014--003 **25.00



COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Two Old Folks U		
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:	
Bobbie Graham Name of Person		
Two Old Folks Firm/Company		
3841 Laurel Crest Dr Address		
Mulberry FL 33860 City/State and Zip Code		
Lemail address: (to be used for future annual report notific	<u>)m</u> ication)	
For further information concerning this matter, please call:		
Bobbie Cocaham at (863) Name of Person	3 , 370 - 6854 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	
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	me of the limited liability company: Two Old Folk	s LLC
2. (a)	5729 S. Florida Ave (b) 384	lalling address of limited liability company:
	(Note: MUST BE STREET ADDRESS)	(Note: MAY BE POST OFFICE BOX)
	Lukeland FL 33813 Mu	Werry FL 33860
	- The state of the	onerg F = 3 2000
		2122222222
2	07/05/2004	1400301062
3.	Date of filing/registration in Florida 4.	Document number
5. (a)	Bobbie J Graham	
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State	:
	3841 Laurel Crest Dr	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	
	Mulberry FL 33860	
	J	
	, FL	202
(L)	Frederick R Graham	F 1 2024 AUG
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:	
		R D
	NEW Registered Office Address:	<u> </u>
		<u> </u>
		•
	The state of the s	
	, FL	
If the l	imited liability company is not organized under the laws of the State of Flo	rida, it is hereby confirmed that after the
change agent v	or changes are made, the Florida street address of the registered office and vill be identical. Or, in the case of a Florida limited liability company, it is	hereby confirmed that the change(s)
was/we	ere authorized by an affirmative vote of the members of the limited liability	company or as otherwise provided in
the arti	cles of organization or the operating agreement of the limited liability com	pany.
Signa	ture of a member or authorized representative of a member	Printed or typed name of signee
I hava	by accept the appointment as registered agent and agree to act in this cana	city. I further garee to comply with the
provisi	ons of all statutes relative to the proper and complete performance of my digations of my position as registered agent as provided for in Chapter 605, ly reflect a change in the registered office address. I hereby confirm that to	uties, and I am familiar with and accept E.S. Or if his document is being filed
to mer	ely reflect a change in the registered affice address, I hereby confirm that to	he limited liability company has been
notifie	Fin writing of this change	
Signatu	re of Registered Agent	