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• • COVER	LETTER		
O: Registration Section			
Division of Corporations			
Live Oak Restoration LLC UBJECT:			
	Liability Company		
Dear Sir or Madam:			
he enclosed Registered Agent/Registered Office Change an	d fee(s) are submitted for filing.		
lease return all correspondence concerning this matter to the	e following:		
Brian Cummings			
Name of Person			
Stinson LLP			
		2[Ξ
Firm/Company		5 821	U VİŞIDA
00 S. Ashley Drive. Suite 500.		ŭ	05 J.
Address		ġ	
'ampa, FL 33602		PH 12	-10
City/State and Zip Code		12: 40	
ason@p2cpa.com		_	,
E-mail address: (to be used for future annual report not	ification)		
or further information concerning this matter, please call;			
Brian Cummings 813 at (534-7557		
Name of Person) Area Code & Daytime Telephone Number		
Mailing Address:	Street Address:		
Registration Section	Registration Section		
Division of Corporations	Division of Corporations		
P.O. Box 6327 Tallahassee, FL 32314	The Centre of Tallahassee		
rananassee, FL 52514	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		

🛢 \$25 Filing Fee

□ \$55 Filing Fee & Certified Copy

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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.

	200.00		-004.0 1.14	
(a)	5904 Savannah Hwy	(b)	5904 Savannah Hwy	
	Principal office address of limited liability company: (<u>Note: MUST BE STREET ADDRESS</u>)		Mailing address of limi (<u>Note: MAYBE PO</u>	
	Ravenel, SC 29470		Ravenel. SC 29470	
	08/25/2023		123000011131	
	Date of filing/registration in Florida	- 4	Document number	r
()	CT Corporation System			
(a)	Registered Agent and Registered Office shown on the records o	Dept. of State:		
	1200 South Pine Island Road			202
	Registered Office Address <u>(MUST BE FLORIDA STREET</u>	<u>ADDRESS)</u>		2023 SEP -
	Registered Office Address <u>(MUST BE FLORIDA STREET</u> Plantation, F			- 6 <u>c</u>
(b)	Plantation, F Brian Cummings	L. <u>33324</u>		- 6 <u>6</u>
(b)	Plantation, F	L. <u>33324</u>		
(b)	Plantation, F Brian Cummings	L. <u>33324</u>		- 6 <u>6</u>
(b)	Plantation, F Brian Cummings Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	L. <u>33324</u>		- 6 <u>6</u>
(b)	Plantation, F Brian Cummings Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> 100 S. Ashley Dr.	L. <u>33324</u>		- 6 <u>c</u>

 /s/ Brian Turpin
 Brian Turpin

 Signature of a member or authorized representative of a member
 Printed or typed name of signee

the articles of organization or the operating agreement of the limited liability company.

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. Thereby confirm that the limited liability company has been notified in writing of this change.

/s/ Brian Cummings

Signature of Registered Agent

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