P1900002	2061				
(Requestor's Name) (Address)					
(Address)	600330245346				
(City/State/Zip/Phone #)	06/17/1901015025 **35.00				
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status	SECRE TALLA				
Special Instructions to Filing Officer:	HIT PH 1:58				
Office Use Only					
	JUN 2 7 2019				
	C KINSey				



## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

1	The name of the corporation:	The	Standa	ard	Legacy,	Inc.
1	The name of the cornoration.	1110			Logacy,	1110

2. The principal office address: 8630 Synhoff Dr

Jacksonville, FL 32216

3. The mailing address (if different):

- 4. Date of incorporation/qualification: 3/8/2019 Document number: P19000022061
- 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Rebecca Trainor

7800 Southland Blvd Ste 102

Orlando, FL 32809

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Rebecca Trainor

8630 Synhoff Dr

P.O. Box NOT acceptable

Jacksonville, FL 32216

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

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Rebecca Trainor- President Printed or typed name and hile

NUL 6102

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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 obligation of my position as registered agent. Or if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Signature of Registered Agent

Date

If signing on behalf of an entity:

Typed or Printed Name

## \* \* \* FILING FEE: \$35.00 \* \* \*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)