## L0700008112

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer.				

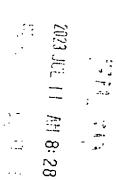
Office Use Only



500411811525

S. CHATHAM

AUG 1 / 2023 \*\* 25.00



## COVER LETTER •

TO: Registration Section Division of Corporations	
RIVER RUN MOBILE HOME PARK, LLC SUBJECT:	
	nited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Chan	nge and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	to the following:
Kymberly Kingdon	
Name of Person	19424.4
RIVER RUN MOBILE HOME PARK, LLC	
Firm/Company	<del></del>
503 E. Jackson St #155	
Address	
Tampa, FL 33602	
City/State and Zip Code	
glenn.pearson2021@gmail.com	
E-mail address: (to be used for future annual repo	ort notification)
For further information concerning this matter, please	call:
Kymberly Kingdon 6	03 560-2709
Name of Person	Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassec, 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 amoun	it:
■ \$25 Filing Fee	S55 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. N	ame of the limited liability company:  RIVER RUN MO	OBILE H		
2. (a)	503 E. JACKSON ST.	(	ь) <u>503</u> Е. Л	ACKSON ST.
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	#155		#155	
	TAMPA, FL 33602		ТАМРА.	FL 33602
	01/22/2007		1.0700000	8112
3.	Date of filing/registration in Florida	4.	<del></del>	Document number
5. (a)	Comingore, Paul			دم <u>چ</u>
5. (a)	Registered Agent and Registered Office shown on the records of	f the Florid	ia Dept. of St	
	1971 West Lumsden Road			
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES	<u>(S)</u>	·
	Suite 340			🛬 📜
	Brandon	. 33511		8
	FI , FI	L		- ;- ;- ;- ;- ;- ;- ;- ;- ;- ;- ;- ;- ;-
(1.3	HAUGHEY, R.J. II			<i>F</i> 3 <b>Co</b>
(b)	Enter name of NEW Registered Agent and/or NEW Registered	d Office a	ddress:	<del></del>
	401 EAST JACKSON STREET			
	NEW Registered Office Address:			
	SUITE 2225			
			•	
	TAMPA , FI	L33602		
change agent v was/we he arti	imited liability company is not organized under the later or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liter authorized by an affirmative vote of the members of organization or the operating agreement of the	register ability c of the lire timited	ed office a ompany, it nited liabil	nd the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in mpany.
Signa	ture of a member or authorized representative of a member	——————————————————————————————————————	moerry King	Printed or typed name of signee
I here provisi he obl to mere notified	by accept the appointment as registered agent and agi ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change.	ree to ac perform rd for in hereby c	t in this ca lance of my Chapter 60 Onfirm tha	pacity. I further agree to comply with the
Signatu	re of Registered Agent			