

L12000136860

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

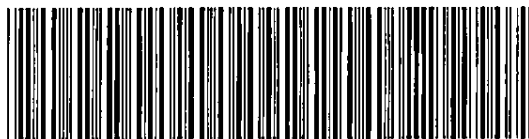
(Business Entity Name)

(Document Number)

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03/22/24 11:25 AM

R. HUNT

03/22/24

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Shadow Management, LLC
Name of Limited Liability Company

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:

Kylie Conrad & Kayla King
Name of Person

Corpl, Inc.
Firm/Company

7700 E Arapahoe Rd Ste 220
Address

Centennial, CO 80112
City/State and Zip Code

RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FL
MAY 12 2011

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kylie Conrad at (720) 823-9273
Name of Person 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

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. Name of the limited liability company: Shadow Management, LLC

2. (a) 4527 SW Sand Ave Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

(b) 4527 SW Sand Ave Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

Palm City, FL 34990

Palm City, FL 34990

10/26/2012

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3. Date of filing/registration in Florida 4. Document number

5. (a) Goode, Greg
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
4527 SW Sand Ave

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

Palm City, FL 34990

(b) Registered Agents Inc

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

7901 4th St N

NEW Registered Office Address:

Ste 300

St. Petersburg, FL 33702

RECEIVED
 OCT 26 2012
 11:05 AM
 STATE OF FLORIDA
 DEPARTMENT OF STATE

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

/s/ GREG GOODE

Greg Goode

Signature of a member or authorized representative of a member

Printed or typed name of signee

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, I hereby confirm that the limited liability company has been notified in writing of this change.

/s/ David Roberts

Signature of Registered Agent