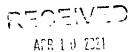
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| (Requestor's Name) | | | | | |
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| (Address) | | | | | |
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| (Address) | | | | | |
| | | | | | |
| (City/State/Zip/Phone #) | | | | | |
| PICK-UP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



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04/20/21--01005--023 **25.00



COVER LETTER

| TO: Registration Section Division of Corporations | • | | | | | | |
|--|--|--|--|--|--|--|--|
| Lost City Lot LLC SUBJECT: | | | | | | | |
| 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 m | natter to the following: | | | | | | |
| Steven E Krook | | | | | | | |
| Name of Person | | | | | | | |
| SK Management | | | | | | | |
| Firm/Company | | | | | | | |
| PO Box 250, 30 Trienit Road | | | | | | | |
| Address | | | | | | | |
| New Ipswich, NH 03071 | | | | | | | |
| City/State and Zip Code | | | | | | | |
| ksaari@skcompanies.com | | | | | | | |
| E-mail address: (to be used for future annual | report notification) | | | | | | |
| For further information concerning this matter, ple | ase call: | | | | | | |
| Krista Saari | 603 878-2400 at () | | | | | | |
| 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 am | ount: | | | | | | |
| ■ \$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. | Na | me of the limited liability company: Lost City Lot LLC | | | | | |
|---------------------------------|--------------------------|---|---|---|--|--|--|
| 2. (| a) | 826 West Oyster Lane | (b) PO Box 250 | | | | |
| ~· (| , | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | | |
| | | Lantana, FL 33462 | _ | New 1ps | swich, NH 03071 | | |
| | | July 26, 2019 | _ | L1900019 | 91882 | | |
| 3.5. | (a) | Date of filing/registration in Florida MLG Services LLC | 4. | | Document number | | |
| J. ' | (4) | Registered Agent and Registered Office shown on the records of the 7284 W Palmetto Park Road | he Flori | da Dept. of S | itate: | | |
| | | Registered Office Address (MUST BE FLORIDA STREET A | DDRES | <u>(SS)</u> | 7 × 209 | | |
| | | Boca Raton . FL | 33433 | | T APR | | |
| (| (b) | Steven E Krook | | | FILED MAR 19 PM 12: 4 MALLAHASSEE FLORE | | |
| ` | | Enter name of NEW Registered Agent and/or NEW Registered Office address: | | | | | |
| | | 826 West Oyster Lane | | | 2: 41 ORID | | |
| | | NEW Registered Office Address: | | | P | | |
| | | Lantana , FL | 33462 | | | | |
| chai agei was | nge nt w /we | mited liability company is not organized under the law or changes are made, the Florida street address of the rivill be identical. Or, in the case of a Florida limited lial are authorized by an affirmative vote of the members of cles of organization of the operating agreement of the l | registe: bility c f the lii imited | red office ompany, i nited liabi | and the business office of the registered t is hereby confirmed that the change(s) lity company or as otherwise provided in ompany. | | |
| Si | gnat | ure of a member or authorized representative of a member | | | Printed or typed name of signee | | |
| prov the l to n noti | visiobli iero fieo | ov accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations If myposition as registered agent as provided by reflect a change in the registered office address, I have I in writing of this thange. | e to ac perform for in ereby c | et in this co tance of m Chapter 6 confirm the | spacity. I further agree to comply with the y duties, and I am familiar with and accept 05, F.S. Or, if this document is being filed at the limited liability company has been | | |
| Sign | iatui | re of Registered Agent | | | | | |