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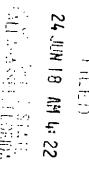
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COVER LETTER

TO: Registration Section Division of Corporations 1609 MINERAL SPRINGS LLC SUBJECT: Name of Limited Liability Company Dear Sir or Madam: The enclosed Registered Agent/Registered Office Change and fec(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Courtney Proefrock Name of Person Anderson Business Advisors Firm/Company 3225 McLeod Drive, #100 Address Las Vegas, NV 89121 City/State and Zip Code ra@andersonadvisors.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 800 7064741 Courtney Proefrock Area Code & Daytime Telephone Number Name of Person Mailing Address: Street Address: Registration Section Registration Section **Division of Corporations** Division of Corporations The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314 Tallahassee, FL 32303 Enclosed is a check for the following amount: ☐ \$55 Filing Fee & Certified Copy ■ \$25 Filing Fee

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: 1609 MINERAL	. SPRING		
2. (a)	1301 NE MIAMI GARDENS DRIVE SUITE 1126W	(5-08 11 <i>5</i> t b)	h street Apt, F
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	`		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	MIAMI, FL 33179		College Pe	oint, NY 11356
	10/28/2019		L19000269	901
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	JEAN ARBOLEDA			
J. (a	Registered Agent and Registered Office shown on the records o	of the Florid	a Dept. of Stat	e:
	Registered Office Address (MUST BE FLORIDA STREET	T ADDRES		_
	1301 NE MIAMI GARDENS DRIVE SUITE 1126W		<u></u>	24.
	MIAMI, F	L_33179		E 1 JUN 18
(b)	Anderson Registered Agents, Inc.			8 m 12 A
(<i>)</i>	Enter name of NEW Registered Agent and/or NEW Registered	ed Office ac	<u>idress</u> :	-
	625 E. Twiggs Street, Suite 110,			22 RIO.
	NEW Registered Office Address:		•	_
				_
	Tampa, F	L_33602		_
change agent was/w the art	limited liability company is not organized under the lactor changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lacter authorized by an affirmative vote of the members icles of organization or the operating agreement of the	e register lability co of the lin	ed office an ompany, it is nited liabilit	d the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in
	ourtney Proefrock	Сон	irtney Proefr	
_	ature of a member or authorized representative of a member		_	Printed or typed name of signee
provis the ob to mei	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as providely reflect a change in the registered office address, I din writing of this change.	e perform ed för in (ance of my c Chapter 605	duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed

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

Signature of Registered Agent