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

TO: Registration Section Division of Corporations		
SUBJECT: 950 Pinebraul	_ 	
Nan	ie of Limite	d Liability Company
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Off	ice Change	and fee(s) are submitted for filing.
Please return all correspondence concerning th	is matter to	the following:
Ellen Phillips		
Name of Person		
BusinessRegistration.org		
Firm/Company		
1117 N Milwaukee Ave Ste B11		
Address		
Libertyville, IL 60069		
City/State and Zip Code		
support@businessregistration.org		
E-mail address: (to be used for future am	nual report n	otification)
For further information concerning this matter.	, please call:	
Ellen Phillips	312 at (479 5061
Name of Person	··· \	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following	g amount:	
☑ \$25 Filing Fee		\$55 Filing Fee & Certified Copy

INHS18 (2/14)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FO LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116. Florida Statutes, the undersigned limited liability compar submits the following statement in order to change its registered office or registered agent, or both, in the State Florida,

1.	Na	me of the limited liability company:	950 Pinebr	ook Rd, LLC	
2.	(a)	Principal office address of limited liability of (Note: MUST BE STREET ADDRE) Lincoin wood	company: <u>(333</u>)	Mailing address of limited lial (Note: MAY BE POST OF NOTWOOD MAY)	bility company:
3.		ープ ファインス Date of filing/registration in Flori	ida 4.	L 20000 368 (Document number	919
5.	(a)	Registered Agent and Registered Office shown on the Registered Office Address MUST BE FLORIES Plantation	Sland Rd DASTREET ADDRESS)		L a
	(b)	Registered Agents Inc Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> 7901 4th St N NEW Registered Office Address: STE 300			FILED FILED FILED FILED FILED FILED FILED FILED
		St. Petersburg	33702 , FL		,

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 registere 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.

Frederick Franke 1 ESQ Signature of a member or authorized representative of a member

Frederick Frankel ESQ

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 accepte obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being file to merely reflect a charge in the registered office address, I hereby confirm that the limited liability company has been

notified in writing of this change.

David Roberts - Assistant Secretary

Signature of Registered Agent