Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (307)200-2803 Fax Number : (813)436-5206

*Énter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

-Email Address:

LLC REGISTERED AGENT CHANGE F211 HOLDINGS LLC

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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 hability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida

1. Na	ame of the limited liability company.	LLC		
2. (a)		(b)		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BON)	
	04/13/21		0155138	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	·····			
(b)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State			
	Registered Office Address (MUST BE FLORIDA STREET	ET ADDRESS)	-	
	9232 RIVER OTTER DR		20	
	Ft. Myers	FL 33912		
	Registered Agents Inc		APPRO FILE 2023 OCT 11	
	Enter name of NEW Registered Agent and/or NEW Register	red Office address:		
	7901 4th St N		PH 12: 39	
	NEW Registered Office Address:		. 39	
	STE 300			
	SI. Petersburg	33702 FL		
the cha agent v was/we the art	imited liability company is not organized under the inge or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the membe icles of organization or the operating agreement of	laws of the State s of the registered d liability compan rs of the limited li the limited liabilit	of Florida, it is hereby confirmed that after office and the business office of the registered y, it is hereby confirmed that the change(s) ability company or as otherwise provided in y company.	
	e v jerový	Robin Jone		
~	ture of a thember or authorized representative of a member	. ,	Printed or typed name of signee	
provisi the obli to mere notified	by accept the appointment as registered agent and ions of all statutes relative to the proper and compligations of my position as registered agent as provely reflect a change in the registered office address d in writing of this change.	agree to act in thi eie performance o ided för in Chapte , I hereby confirm	s capacity. I further agree to comply with the of my duties, and I am familiar with and accept in 605, F.S. Or, if this document is being filed that the limited liability company has been	
	<u> </u>	t Secretary		
Signatu	ire of Registered Agent			