L21000312673

(Requestor's Name)					
(Address)					
(Address)					
(Cir	ty/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer:					





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10/24/22--01025--018 **25.00



COVER LETTER

то:	Registration Section Division of Corporations	. ,				
SUBJ	160 GARDEN LANE LLC					
.,.,.		ne of Limited Li	ability Company			
Dear S	Sir or Madam:					
The er	nclosed Registered Agent/Registered Off	ice Change and	fee(s) are submitted for filing.			
Please	return all correspondence concerning th	is matter to the	following:			
Sydr	ney Grice					
	Name of Person		_			
Ande	erson Business Advisors					
	Firm/Company		_			
3225	McLeod Drive, #100					
	Address		_			
Las \	Vegas, NV 89121					
	City/State and Zip Code					
ra@a	andersonadvisors.com					
1	E-mail address: (to be used for future ann	ual report notif	ication)			
For fu	rther information concerning this matter,	please call:				
Sydn	ey Grice	800 at (7064741			
	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	Reg Div P.C	AILING ADDRESS: gistration Section rision of Corporations D. Box 6327 lahassee, Florida 32314			
	Enclosed is a check for the following amount:					
	☑ \$25 Filing Fee	□ \$5	5 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.

L. Na	me of the limited liability company: 160 GARDEN	LANE	LLC		
2. (a)			dise Plaza 291		
-/ ()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	SARASOTA, FL 34239	_	SARASO	OTA, FL 34239	
		_			
	07/08/2021		L210003	12673	
3.	Date of filing/registration in Florida RHODES, ROBYN	4.		Document number	
5. (a)	Registered Agent and Registered Office shown on the records of th	e Florida	Dept. of State	- e:	
	Registered Office Address (MUST BE FLORIDA STREET AL 3441 Gulfmead dr	DDRESS)		2022 SEC TA	
	SARASOTA, FL 3	34239		200T	
(b)	Anderson Registered Agents, Inc.			22 F	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>	Office add	ress:	P 11 12 12 12 12 12 12 12 12 12 12 12 12	
	625 E. Twiggs Street, Suite 110			, Table 23	
	NEW Registered Office Address:				
	Tampa FL 3	33602		-	
the cha agent w was/we the arti	mited liability company is not organized under the lawsing or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liability and affirmative vote of the members of cles of organization or the operating agreement of the liety Grice	he regist pility con the limi imited li	tered office mpany, it is ted liability	e and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in opany.	
	ure of a member or authorized representative of a member		10, 01100	Printed or typed name of signee	
provisi the obli to merc	Dr. Cram . Market, Contraction in the	erforma	nce of my a	duties, and I am familiar with and accept	

Signature of Registered Agent