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TO:

INHS18 (2/14)

то:	Registration Section Division of Corporations		,- Y					
SUBJE	2079 Hibiscus Lots LLC							
2,000	· · · · · · · · · · · · · · · · · · ·	Name of Limited Liability Company						
Dear S	ir or Madam:							
The en	closed Registered Agent/Registered Off	ice Change and fe	ce(s) are submitted for filing.					
Please	return all correspondence concerning th	is matter to the fo	ollowing:					
Sydn	ey Grice							
	Name of Person		-					
Ande	rson Business Advisors							
	Firm/Company		-					
3225	McLeod Drive, #100							
	Address		_					
Las V	egas, NV 89121							
	City/State and Zip Code		_					
ra@a	indersonadvisors.com							
Е	-mail address: (to be used for future and	nual report notific	ation)					
For fur	ther 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	Regi Divi: P.O.	ILING ADDRESS: stration Section sion of Corporations Box 6327 ahassee, Florida 32314					
	Enclosed is a check for the following amount:							
	☑ \$25 Filing Fee	□ \$55	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

15 PARADISE PLAZA BOX	X 291	(_{b)} 15 PAF	RADISE PL	.AZA BOX 29	1
Principal office address of limit (Note: MUST BE STRE			<u></u> -	Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)		
SARASOTA, FL 34242			SARAS	SOTA, FL 3	4242	
07/28/2021	· · · · · · · · · · · · · · · · · · ·		L21000	342104		•
Date of filing/registration	on in Florida	4.		Document	number	
RHODES, ROBYN						
Registered Agent and Registered Office Registered Office Address (MUST)		_		me: 	207 SE	
	<i>BE FLORIDA STREE</i>)X 291	ET ADDRES	S)		2022 OCT 2 SECRETA TALLA	0
Registered Office Address (MUST) 15 PARADISE PLAZA BO SARASOTA Anderson Registered Ager	<i>BE FLORIDA STREE</i> OX 291	_	S)		SECRETARY OF TALLARY SE	
Registered Office Address (MUST) 15 PARADISE PLAZA BO	BE FLORIDA STREE DX 291 nts, Inc.	TADDRES FL_34249	<u>S)</u>		SECRETARY OF STATE TALLAMAS GET, EL	
Registered Office Address (MUST) 15 PARADISE PLAZA BO SARASOTA Anderson Registered Ager	BE FLORIDA STREE OX 291 Ints, Inc. I and/or NEW Registe	TADDRES FL_34249	<u>S)</u>			
Registered Office Address (MUST) 15 PARADISE PLAZA BO SARASOTA Anderson Registered Agent Enter name of NEW Registered Agent	BE FLORIDA STREE OX 291 Ints, Inc. I and/or NEW Registe	TADDRES FL_34249	<u>S)</u>	nte:		

was/were authorized	by an affirmative	vote of the members of the limited liability company or as otherwise provided in
the articles of organi	zation or the opera	iting agreement of the limited liability company.
Sydney Grice	Deptite served by feature Green Discovery faces in ma	
Sydney Once	enail-sprinterterterters (on c-tit	Sydney Grice

Signature of a member or authorized representative of a member

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

A. T. Mathis,

President

Silver and Decirated Accept to Comply with the property of the support of the supp

Signature of Registered Agent