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

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LLC REGISTERED AGENT CHANGE AJOUPA RESIDENTIAL PROPERTIES, 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 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: AJOUPA RESIDE	:NHA	L PRO	PERTIES	5, LLC
2. (a)	7901 4th St N STE 300	(b) 7901 4th St N STE 300			
-, (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ '	(0)	Mai	ling address of finited liability company: Note: MAY BE POST OFFICE BOX
	St. Petersburg, FL 33702	 -	St. F	Petersbu 	rg, FL 33702
	03/07/2024	-		0011743	0
3.5. (a)	Date of filing/registration in Florida PHILOGENE, RONALD	4.		Do	ocument number
J. (u)	Registered Agent and Registered Office shown on the records of the 7901 4th St N STE 300	e Flori	da Dept.	of State:	
	Registered Office Address (MUST BE FLORIDA STREET A)	DDRES	<u> </u>		
	St. Petersburg , FL	33702			
(b)	NORTHWEST REGISTERED AGENT LLC				20
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>)ffice a	ddress:		FIL 2025 APR 14
	7901 4TH ST N				R T
	NEW Registered Office Address:			· · · · · · · ·	
	STE 300				₩ D F SI
	ST. PETERSBURG, FL_	3702			9: 23
change agent v was/wa	imited liability company is not organized under the laws or changes are made, the Florida street address of the revill be identical. Or, in the case of a Florida limited liab ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li	egister oility c the lir	red offi ompany nited li	ce and the y, it is he ability co	ne business office of the registered ereby confirmed that the change(s) company or as otherwise provided in
1	ture of a member or authorized representative of a member	Na	t Smith		
					inted or typed name of signee
I here provisi the obl to mer notified	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided ely reflect a change in the registered office address. I he I in writing of this change.	z to ac erforn for in creby c	a in thi: vance o Chapte confirm	s capacit of my duti or 605, F. that the	y. I further agree to comply with the les, and I am familiar with and accept S. Or, if this document is being filed limited liability company has been
	Taylor Newman				