M21600001597

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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COVER LETTER

TO: Registration Section Division of Corporations					
Ansley Atlanta Real Estate LLC SUBJECT:	,				
	Name of Limited Liability Company				
Dear Sir or Madam:					
The enclosed Registered Agent/Registered	Office Change and	fee(s) are submitted for filing.			
Please return all correspondence concernin	g this matter to the	following:			
William Brunstad					
Name of Person		<u> </u>			
Brunstad Law LLC					
Firm/Company		_			
860 Johnson Ferry Road Suite 324					
Address		_			
Atlanta GA 30342					
City/State and Zip Coo	de				
bill.brunstad@brunstad-law.com					
E-mail address: (to be used for future	annual report notif	ication)			
For further information concerning this ma	tter, please call:				
William Brunstad	404 at (5028041			
Name of Person	at (Area Code & Daytime Telephone Number			
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
Enclosed is a check for the follow	ving amount:				
■ \$25 Filing Fee	(7)	55 Filing Fee & Certified Copy			

INHS18 (2/14)

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.

I. Na	ame of the limited liability company: Ansley Atlanta Re	al Estate I	.LC	
2. (a)	2052 W County Highway 30A	(b)	3035 Peach	ntree Road
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (0,		Aailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Unit 201 Suite 206		Suite 202	
	Santa Rosa Beach, FL 32459	Atlanta, G		A 30305
	2/17/21	?	1210000018	397
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	Walter Moss			
<i>5.</i> (u)	Registered Agent and Registered Office shown on the records of the 253 N Zander Way	he Florida	Dept. of State	:
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)		·~;
	Santa Rosa Beach	32459		972 J.:
(b)	Melody Celeste Morar			THE PM 3: FI
• • •	Enter name of NEW Registered Agent and/or NEW Registered Office address:			
	2052 W County Highway 30A			3: HI STATE E. FL
	NEW Registered Office Address:			• •
	Unit 201 Suite 206			
	Santa Rosa Beach	32459		
change agent v was/we the arti- Signa I here provise the oblite to mere	imited liability company is not organized under the law or changes are made, the Florida street address of the rivill be identical. Or, in the case of a Florida limited lial cre authorized by an affirmative vote of the members of cles of organization of the operating agreement of the law Mullipmack ture of a member or authorized representative of a member of the appointment as registered agent and agree ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided all reflect a change in the registered office address, I had in writing of this change.	registered bility cot fithe limited li	I office and upany, it is led liability composition of this capanice of my diamer 605	the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany. Printed or typed name of signee city. I further agree to comply with the outles, and I am familiar with and accept F.S. Or if this document is being filed