

M21 0000 11878

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

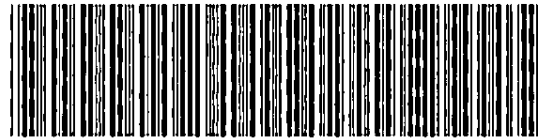
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400423690214

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2024 FEB 19 PM 2:22
2024 FEB 19 AM 8:57

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

8890 FOUNDERS SQUARE SP, LLC

Signature _____

Requested by: BA

02/19/24

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

- _____ Art of Inc. File _____
- _____ LTD Partnership File _____
- _____ Foreign Corp. File _____
- _____ L.C. File _____
- _____ Fictitious Name File _____
- _____ Trade/Service Mark _____
- _____ Merger File _____
- Art. of Amend. File _____
- _____ RA Resignation _____
- _____ Dissolution / Withdrawal _____
- _____ Annual Report / Reinstatement _____
- _____ Cert. Copy _____
- Photo Copy _____
- _____ Certificate of Good Standing _____
- _____ Certificate of Status _____
- _____ Certificate of Fictitious Name _____
- _____ Corp Record Search _____
- _____ Officer Search _____
- _____ Fictitious Search _____
- _____ Fictitious Owner Search _____
- _____ Vehicle Search _____
- _____ Driving Record _____
- _____ UCC 1 or 3 File _____
- _____ UCC 11 Search _____
- _____ UCC 11 Retrieval _____
- _____ Courier _____

2024 FEB 19 AM 9:57

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. Name of the limited liability company: 8890 FOUNDERS SQUARE SP, LLC

2. (a) _____ (b) _____
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

100 WILSHIRE BLVD STE. 400
SANTA MONICA, CA 90401

100 WILSHIRE BLVD STE. 400
SANTA MONICA, CA 90401

3. 09/08/2021
Date of filing/registration in Florida

4. M21000011878
Document number

5. (a) _____
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
NRAI SERVICES, INC.

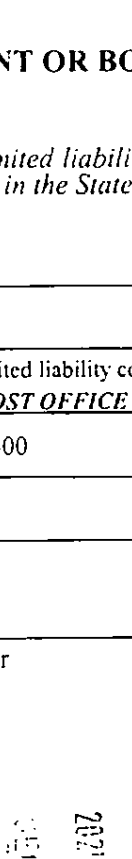
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

2024 FEB 19 AM 9:58
CORPORATION STATE

(b) _____
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:


FILEJET INC.
NEW Registered Office Address:
625 E. TWIGGS ST. STE. 110
TAMPA, FL 33602

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.


Signature of a member or authorized representative of a member

CLARK W. PORTER
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.


Signature of Registered Agent

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 8890 FOUNDERS SQUARE SP, LLC
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 concerning this matter to the following:

CHRISTY MENDOZA
Name of Person

FILEJET INC.
Firm/Company

10440 PIONEER BLVD STE 8
Address

SANTA FE SPRINGS, CA 90670
City/State and Zip Code

REGISTEREDAGENT@FILEJET.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHRISTY MENDOZA at (949) 259-5955
Name of Person 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 following amount:

- \$25 Filing Fee
- \$55 Filing Fee & Certified Copy

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TALLAHASSEE STATE