## M22000005110

(Re	equestor's Name)	<del>_</del>
(Ac	ddress)	<del> </del>
(Ac	ddress)	
(Ci	ity/State/Zip/Phone #)	
PICK-UP	MAIT	MAIL.
(Bo	usiness Entity Name)	
(De	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer	
	1:	
	Office Use Only	· · · · · · · · · · · · · · · · · · ·



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## **COVER LETTER**

10: Registration Section Division of Corporations		
5320 USEPPA SP, LLC SUBJECT:		
	Limited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Ch	ange and fee(s) are submitted for filing.	
Please return all correspondence concerning this matt	er to the following:	
CHRISTY MENDOZA		
Name of Person	<del></del>	
FILEJET INC.		
Firm/Company	<del></del>	
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 rep	port notification)	
For further information concerning this matter, please	e call:	
CHRISTY MENDOZA	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 amou	ent:	
■ \$25 Filing Fee	☐ \$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.

1. N	ame of the limited liability company: 5320 USEPPA S	SP. LLC			
2. (a)			(b)	1	
, .	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(-,	Ma	iling address of limited liability company: Note: MAY BE POST OFFICE BOX)
	100 WILSHIRE BLVD STE, 400			100 WILSHI	RE BLVD STE. 400
	SANTA MONICA, CA 90401			SANTA MOI	NICA, CA 90401
	04/04/2022		λ	M2200000511	0
3.	Date of filing/registration in Florida	4.	_	D	ocument number
5. (a	)				
<i>5.</i> (a	Registered Agent and Registered Office shown on the records o NRAI SERVICES, INC.	f the Flor	rida I	Dept. of State:	
	Registered Office Address (MUST BE FLORIDA STREET	T ADDRE	<u>(SS)</u>		
	1200 SOUTH PINE ISLAND ROAD				
	PLANTATION,	. 33324 L_			
	r	L			
(b)					
` `	Enter name of NEW Registered Agent and/or NEW Registere	d Office	<u>add</u>	ress:	
	FILEJET INC.				
	NEW Registered Office Address:				
	625 E. TWIGGS ST. STE. 110				
	TAMPA , F	L 33602			
chang agent was/w the ar	limited liability company is not organized under the lage or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lagere authorized by an affirmative vote of the members licles of organization or the operating agreement of the	e registed in the contract of the legities of the legitude of	erec con imit d lia	d office and t npany, it is h ted liability c ability compa RK W. PORTI	he business office of the registered ereby confirmed that the change(s) company or as otherwise provided in any.  ER
	ature of a member or authorized representative of a member		•		rinted or typed name of signee
provi: the ob to me	eby accept the appointment as registered agent and ag sions of all statutes relative to the proper and complete oligations of my position as registered agent as provide rely reflect a change in the registered office address, led in writing of this change.	gree to a e perfor led for in hereby	ict i mai n Cl r cor	in this capaci nce of my du hapter 605, I nfirm that the	ity. I further agree to comply with the ties, and I am familiar with and accept F.S. Or, if this document is being filed a limited liability company has been
Signat	ure of Registered Agent				

Division of Corporations ◆ P.O. Box 6327 ◆ Tallahassee, FL 32314 F1LING FEE: \$25.00