Division of Corporations **Electronic Filing Cover Sheet**

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803

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- maı l	Address:			
LINGIA	AUULESS.			

LLC REGISTERED AGENT CHANGE WRECKERS CAY APARTMENTS AT STOCK ISLAND, LLC

Certificate of Status	0
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DEC 1 4 2022

A. LUNT

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. Name of the limited liability company:	WRECKER	RS CAY APA	RTMENT:	S AT STOCK IS	SLAND. L	LC	
2. (a)		(b)					
Principal office address of limited li	Principal office address of limited liability company; (Note: MUST BE STREET ADDRESS)				Mailing address of limited liability company: (Note: MAY BE POST OFFICE ROX)		
11/30/17		M	17000	010104			
Date of filing/registration in	ı Florida	4,	Do	cument number			
(a) MUNROD, W. BRADLEY	, ESQ						
Registered Agent and Registered Office sho	wn on the records	of the Florida Dep	or, of State.				
239 E VIRGINIA STREET	Γ				2022	<u>:</u> .	
Registered Office Address (IMUST BE F	LORIDA STREI	ET ADDRESS)			2022 DEC	한 교교 보고~	
TALLAHASSEE	TALLAHASSEE , _{FL} 32301				13 AM 11: 27	0.20 0.20 0.20 0.20 0.20 0.20 0.20 0.20	
7901 4th St N NEW Registered Agent and Agent and Agent Agen	or SEW Registe	red Office addres	<u></u>				
STE 300							
St. Petersburg		FL_33702					
the limited liability company is not organ the change or changes are made, the Florida gent will be identical. Or, in the case of a as/were authorized by an affirmative vote the articles of organization or the operating	street address Florida limited of the membe agreement of	s of the register d liability comp rs of the limited	ed office an any, it is he I liability co ility compar Park	d the business offi reby confirmed the impany or as other ny.	ce of the re at the chang wise provic	gistere (ets)	
Signature of a member or authorized representative	of a member		Pri	nted or typed name of	signee		
hereby accept the appointment as register rovisions of all statutes relative to the pro- ne obligations of my position as registered merely reflect a change in the registered officed in writing of this change.	per and compl agent as prov office address	ete performanc ided for in Cha , Thereby confi	e of my duti pter 605, F. rm that the	es, and Lam famil. S. Or. if this docu	iar with and ment is bei	d accej ny fileo	
ee Hame Bill Havre	- Assist	ant Secretary	y				

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