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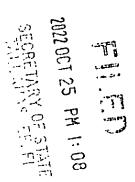
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COVER LETTER

TO: Registration Section Division of Corporations	
Agate Property Solutions, LLC SUBJECT:	
	of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office	e Change and fee(s) are submitted for filing.
Please return all correspondence concerning this	matter to the following:
Sydney Grice	
Name of Person	
Anderson Business Advisors	
Firm/Company	
3225 McLeod Drive, #100	
Address	······
Las Vegas, NV 89121	
City/State and Zip Code	
ra@andersonadvisors.com	
E-mail address: (to be used for future annua	il report notification)
For further information concerning this matter, pl	lease call:
Sydney Grice	800 7064741
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section Division of Corporations	Registration Section Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314
Enclosed is a check for the following as	mount:
☑ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy

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.

Na	ame of the limited liability company: Agate Prop	erty Solu	itions, LLC
(a)	3225 McLeod Dr, Suite 100	(t	b) 3225 McLeod Dr, Suite 100
,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)
	Las Vegas, NV 89121		Las Vegas, NV 89121
	08/29/2022		L22000377360
	Date of filing/registration in Florida	4.	Document number
(a)	BUCK, CHRISTI		
(4)	Registered Agent and Registered Office shown on the records	of the Florida	a Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREE) 456 19TH ST	T ADDRESS	_
	VERO BEACH	32960	
		AR 25	
(b)	Anderson Registered Agents, Inc.		
(b)	Anderson Registered Agents, Inc. Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	ed Office ad	
(b)		ed Office ad	Idress: PH 1: 08
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	ed Office ad	ا من الله الله الله الله الله الله الله الل

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.
A. T. Mathis,
President

President

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Sydney Grice

Printed or typed name of signee

Signature of Registered Agent

Smith State of the Signature of a member or authorized representative of a member