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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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LLC REGISTERED AGENT CHANGE 1625 PERIWINKLE WAY, LLC

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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

		625 PERIW	INKLE	WAY LLC			
1. Na	nme of the limited liability company: 1			***************************************			
2. (a)	Principal office address of limited liabili (Note: MUST BE STREET ADD) 1625 Periwinkle Way	ity company.	(b) Mailing address of limited hability company: (Note: MAY BE POST OFFICE BOX) 7901 4th St N STE 300 St. Petersburg FL 33702				
	Sanibel Florida 33957						
	07/30/08		L0800	8000073403			
3.	Date of filing/registration in Fl	lorida 4.		Document number			
5. (a)	TALMAGE, MELISSA L						
(4)	Registered Agent and Registered Office shown of	on the records of the Floria	la Dept, of State	- ៥;			
	Registered Office Address (MUST BE FLO)	_					
	1625 PERIWINKLE WAY				~ 2		
					023		
	SANIBEL	7	-	15.2	2		
.1.3	Northwest Registered	Agent LLC		•	2023 HAR 29	一門と	
(b)	Enter name of NEW Registered Agent and/or ?		ddress:	-			
			-	·	P# L	,	
	7901 4th St N				կ։ 09		
	NEW Registered Office Address:	**************************************		-	9		
	STE 300			_			
	St. Petersburg	, _{FL} 3370	2				
10.0		-		- : !- :: !- !- !		.	
the cha agent v was/wa	imited liability company is not organized unge or changes are made, the Florida strwill be identical. Or, in the case of a Floere authorized by an affirmative vote of itselfs of organization or the operating agr	reet address of the reg orida limited liability of the members of the lii	istered offici company, it i mited liabilit	e and the business offic s hereby confirmed tha y company or as othery	ce of the root the chan	egistered ge(s)	
	ture of a member or authorized representative of t			NAT SMITH			
Signa	ture of a member or authorized representative of a	a member		Printed or typed name of s	ignee		
provisi the obl to mer	by accept the appointment as registered ions of all statutes relative to the proper ligations of my position as registered agely reflect a change in the registered office in the registered of the schange.	and complete perfort ent as provided for in	nance of my Chapter 60:	duties, and Lam familia 5. F.SOr. if this docur	ar with an ment is be	id accept inv filed	

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

- Assistant Secretary

Taylor Newman

Signature of Registered Agent

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