120 000 368 009

(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



300409375313

0.000 0 0.0000 -- 0.00 4*25.**0**0

Country 31 AM office

W

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: 7801 ANT POIT	Pulling Rd, LLC mited Liability Company
Name of Lit	mited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Char	nge and fee(s) are submitted for filing.
Please return all correspondence concerning this matte	r to the following:
Ellen Phillips	
Name of Person	
BusinessRegistration.org	
Firm/Company	
1117 N Milwaukee Ave Ste B11	
Address	
Libertyville, IL 60069	
City/State and Zip Code	
support@businessregistration.org	
E-mail address: (to be used for future annual repo	ort notification)
For further information concerning this matter, please	call:
Ellen Phillips	312 479 5061
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Taliahassee, Florida 32314
Enclosed is a check for the following amoun	nt:
\$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

, 4655 Chase		(h)	+ Pullic 320 N	brwood	Parks	
Principal office address of limit (Note: MUST BE STREE	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (b) 3.			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
Lio Cotowood L	nrolnwood	, C C	NOTW	ood, MA	4 0206	
	607					
12/3/2020			L 200	20000368009 Document number		
Date of filing/registration	n in Florida	4.	Docume	ent number	1	
Registered Agent and Registered Office V (V (PS-e(V), (P)) Registered Office Address (MUST E) 200 \$C > FW P Plan + at Fon Registered Agents Inc	EFLORIDA STREET. ∩C JSIGM FL	ADDRESS) ORO.	3324	TAY 3.	; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;	
Enter name of <u>NEW Registered Agent</u> 7901 4th St N	and/or <u>NEW Registered</u>	Office addres	<u>v</u> :	- I		
NEW Registered Office Address: STE 300				ē - }		
St. Petersburg	E	33702				

the articles of organization or the operating agreement of the limited liability company.

Frederick from Wel Esq.
Signature of a member or authorized representative of a member Frederick Frankel ESQ 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.

What Secretary

Signature of Registered Agent