Florida Department of State

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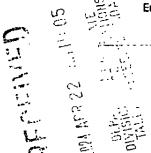
From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC REGISTERED AGENT CHANGE **COZI PROPERTY MANAGEMENT LLC**

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Helpp 23 2024

K. Brumbley

Fax: 8134365206

4/22/2024 00.5c 6 DT

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.

2. (a)		(b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	02/08/24	L2400	00072802
3.	Date of filing/registration in Florida	4.	Document number
5. (a	CARMONA, REBECCA A		
, ,,,	Registered Agent and Registered Office shown on the records of the Florida Dept. of State 15120 SW 89TH COURT		
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	
	PALMETTO BAY , FI	L ³³¹⁷⁶	
(b)	Registered Agents Inc		2024 A.R 22
	Enter name of NEW Registered Agent and/or NEW Registered Office address:		
	7901 4th St N		
	NEW Registered Office Address:	- - -	P
	STE 300		
	St. Petersburg	L	
he ch	limited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited l	iws of the State of the registered iability compar of the limited I	I office and the business office of the registered ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in
vas/w he ar	icles of organization or the operating agreement of the	Robin Jone	
vas/w he ar			