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To:

Division of Corporations Fax Number : (850)617-6383

From:

Account Name	:	REGISTERED AGENTS INC.
Account Number	:	120090000081
Phone	:	(307)200-2803
Fax Number	:	(813)436-5206

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## LLC REGISTERED AGENT CHANGE CAYAGUA DEVELOPMENT LTD CO

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SEP 11 2023 K. Brumbley

STAT	FEMENT OF CHANGE OF REGISTERED C LIMITED LIABI		
Pursua submit. Florida	int to the provisions of sections 605.0114 or 605.011 s the following statement in order to change its re 1.	6, Florida Sta gistered offic	A
1. Na	me of the limited liability company: <u>CAYAGUA</u>	DEVELOPI	MENT LTD CO
2. (a)	······································	(b)	
	Principal office address of finited liability company: ( <u>Note: MUST BE STREET ADDRESS</u> )		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	05/14/2002	L	02000011680
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	ROJAS, RAFAEL M Registered Agent and Registered Office shown on the records of	the Florida Der	n, of State:
	155 OCEAN LANE DRIVE Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	
	#1110		
	KEY BISCAYNE	33149	<b>20</b> 2
(b)	Registered Agents Inc		2023 SEP
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office address	P-8
	7901 4th St N		
	NEW Registered Office Address:		
	STE 300		S
	St. Petersburg Fi	. 33702	
the cha agent w was/we the arti	imited liability company is not organized under the la nge or changes are made, the Florida street address o vill be identical. Or, in the case of a Florida limited li ere authorized by an affirmative vote of the members cles of organization or the operating agreement of the	f the registere lability comp of the limited	ed office and the business office of the registered any, it is hereby confirmed that the change(s) Hiability company or as otherwise provided in
11	$\frac{1}{12} = \frac{1}{12} + \frac{1}{12} $	-	Robin Jones Printed or typed name of signee
	are of a member of autoorzed representative of a member by accept the appointment as registered agent and ag		

Thereby 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 Lam 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. Thereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

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