<u> El</u>ori<u>da Dep</u>art<u>me</u>nt of State

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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 : (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. **

Email	Address:			

LLC REGISTERED AGENT CHANGE EDEN FLORIDA, 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.

1 10/16	α.						
1. N	ame of the limited liability company:	; 					
2. (a)		(b)					
•	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability compa (Note: MAY BE POST OFFICE BOX				
	06/03/04		04000041851				
3.	Date of filing/registration in Florida	- _{4.} -		ocument numb		• • • • • • • • • • • • • • • • • • • •	
	RUSSELL DANIEL R	.,			رن. ال	2021	
5. (a	Registered Agent and Registered Office shown on the records of 106 EAST COLLEGE AVENUE	ept. of State.		ALLAHASSI	2024 HAR 1		
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)			AS.	-0	71,7
	SUITE 1200				333	主	Carrent Carrent
	TALLAHASSEE . FL	32301			- F-1	11: Hd	
(h)	Registered Agents Inc Enter name of NEW Registered Agent and/or NEW Registered 7901 4th St N	1 Office addre	: <u>ss</u> :				
	NEW Registered Office Address:						
	STE 300						
	St. Petersburg . FI	33702					
the ch agent was/w the art	limited liability company is not organized under the la ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited litere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	f the registe lability com of the limite limited lial	red office as pany, it is hed liability c bility compa	nd the business ereby confirms company or as	s office o	of the re	gistered ge(s)
÷	ture of a member for authorized representative of a member	Robin		rinted or typed na			
There provis the ob- to met notifi	thy accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address. I d in writing of this change. David Roberts - Assistant S	performan id för in Ch herchy conj	rthis canaci	ity. I liarther a	swee to c	omnly	with the d accept ng filed been

Signature of Registered Agent