

L04000074991

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

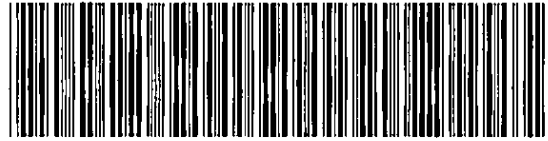
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500379979915

FILED

2022 FEB -9 AM 8:20

SECRETARY OF STATE
TALLAHASSEE, FL

RECEIVED

2022 FEB -9 AM 11:26

SECRETARY OF STATE
TALLAHASSEE, FL

RA/RO/chs

FEB 10 2022
ALBRITTON

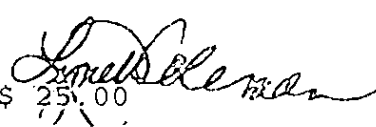
CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 466391 7383675

AUTHORIZATION :

COST LIMIT : \$ 25.00



ORDER DATE : February 9, 2022

ORDER TIME : 10:03 AM

ORDER NO. : 466391-015

CUSTOMER NO: 7383675

CHANGE OF AGENT

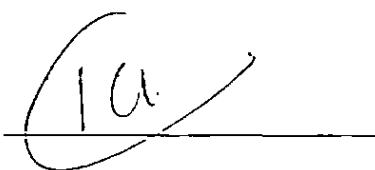
NAME: POLYGRO, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER:



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) 2915 SR 590, STE. 15
Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)

(b) P.O. BOX 567
Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)

SAFETY HARBOR, FL 34695

3.	Date of filing/registration in Florida	4.	Document number
----	--	----	-----------------

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

(b) _____
Enter name of **NEW Registered Agent** and/or **NEW Registered Office** address:

NEW Registered Office Address:

Tallahassee, FL 32301

/S/ Daniel J. Lett

Daniel J. Lett, Authorized Person

Printed or typed name of signee

Signature of Registered Agent

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