

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INCORP SERVICES INC

Account Number : I20120000007

: (702)866-2500

Phone Fax Number

: (702)866-2689

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

documents@incorp.com Email Address:

LLC REGISTERED AGENT CHANGE FLORIDA SUCCESS 6379, LLC

| Certificate of Status | 0 |
|-----------------------|---------|
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| Page Count | 04 |
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| TO: Registration Section Division of Corporations | |
|--|--|
| | FLORIDA SUCCESS 6379, LLC |
| SUBJECT: | Name of Limited Liability Company |
| Dear Sir or Madam: | |
| The enclosed Registered Agent/Registered | Office Change and fee(s) are submitted for filing. |
| Please return all correspondence concerni | ng this matter to the following: |
| Janice Null | |
| Name of Person | |
| InCorp Services, Ir | nc. |
| Firm/Company | |
| 3773 Howard Hughes Pkwy. | Suite 5005 |
| Address | |
| Las Vegas, NV 89169 | -6014 |
| City/State and Zip Co | ode |
| documents@incorp. | |
| E-mail address: (to be used for futur | e annual report notification) |
| For further information concerning this m | atter, please call: |
| Janice Null for InCorp Services, Inc. | 800-246-2677 |
| Name of Person | Area Code & Daytime Telephone Number |
| Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 |
| Enclosed is a check for the follo | wing amount: |
| ■ \$25 Filing Fee | ☐ \$55 Filing Fee & Certified Copy |

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

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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. 1 | Na | me of the limited liability company: FLORIDA SUCC | CES | \$ 6379, LLC | <u> </u> |
|---------------------------------------|--------------------------------|--|-----------------------------------|---|---|
| 2. (a | | Principal office address of limited liability company. | _ | | Mailing address of limited liability company: |
| | | (Note: MUST BE STREET ADDRESS) | _ | | (Note: MAY BE POST OFFICE BOX) |
| | | 45/57/5004 | _ | L040000 | 02250 |
| _ | | 12/27/2004 | 4. | | Document number |
| 3. | | Date of filing/registration in Florida | ⁴. | | Occument number |
| 5. (| a) | STARK, CHARLES H | | | _ |
| | | Registered Agent and Registered Office shown on the records of the | he Flo | rida Dept. of St | ate: |
| | | | 312 NORTH PARK AVENUE, SUITE 2A | | |
| | | Registered Office Address MUST BE FLORIDA STREET A | <u>DDK</u> | <u> </u> | - TEB |
| | | Winter Park , FL | _ | 32789 | - |
| (b) | InCorp Services, Inc. | | | | |
| | | Enter name of NEW Registered Agent and/or NEW Registered | Office | address: | |
| | | 17888 67th Court North | | | |
| | | NEW Registered Office Address: | | | |
| | | Loxahatchee .FL | | 33470 | |
| the o | cha it v | imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members o icles of organization or the operating agreement of the | the rability of the | egistered off y company, i limited liabi | ice and the business office of the registered t is hereby confirmed that the change(s) lity company or as otherwise provided in |
| | K | 2 | (| CAROL R F | |
| Si | Bu ₃ | ture of a member or authorized representative of a member | | | Printed or typed name of signee |
| I he prov the c to m noti | ere vis ob ver fie | by accept the appointment as registered agent and agrions of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office uddress, I din writing of this change. | ree to perfo d for hereb | act in this co ormance of n in Chapter o by confirm th | apacity. I further agree to comply with the sy duties, and I am familiar with and accept 05, F.S. Or, if this document is being filed at the limited liability company has been |
| | | Isabel Burgos on behand of Registered Agent | alf o | f InCorp S | ervices, Inc. |