## Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274

Fax Number : (888)706-7274

\*\*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 STUDEBAKER REALESTATE HOLDINGS, LLC

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## **COVER LETTER**

TO: Amendment Section Division of Corporations

STUDEBAKER REALE	ESTATE HOLDINGS, LLC
Name of Corporation	411
DOCUMENT NUMBER: L060000	00250
The enclosed Statement of Change of Registered	d Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this	matter to the following:
Mary Castillo	
Name of Contact Person	
Registered Agent Solutions, Inc.	
Firm/Company	
1701 Directors Blvd. Suite 300	
Address	<u> </u>
Austin, Texas 78744	
City/State and Zip Code	
E-mail address: (to be used for future annual	report notification)
·	•
For further information concerning this matter, p	please call:
Mary Castillo	at (888 ) 705-7274  Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the	Department of State.
Mailing Address:	Street Address:
Amendment Section	Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607,0502, 617 nge is submitted for a corporation o r to change its registered office or re	rganized u	nder the law	vs of the State of _	Florida	<del></del>
l. The name of t	he corporation: STUDEBAKER	REAL	ESTATE	HOLDINGS,	LLC	
2. The principal	office address 2739 US HIGH					
3. The mailing a	ddress (if different):	Jan-			···	
4. Date of incorp	poration/qualification: 1/3/2006		Document r	number: <u>L0600</u> (	0000250	
	street address of the current register tment of State: (If resigned, enter res		ind registered	d office on file wi	th the	
	COGENCY GLOBAL	INC.			_	
	115 NORTH CALHOUN ST.		SUITE	€ 4		202
	TALLAHASSEE,		FL	32301	<del>.</del>	2021 NOV -5
6. The name and (if changed):	fice	-5 AM 10: 1				
	Registered Agent Solu				-	1 T
	155 Office Plaza Dr.	O. Box NOT:	Suite A		-	
	Tallahassee	FL	32301	<u> </u>	<del>.</del>	
The street addre	ess of its registered office and the st be identical.	reet addre	ss of the bu	siness office of it	s registered :	agent,
Such change wa authorized by th	as authorized by resolution duly add be board, or the corporation has bee	opted by it n notified	s board of d in writing o	lirectors or by an of the change.	officer so	
Isl John Pa	vilca re of an officer or director	John	n Porreca	d or typed name and in	President	<del></del>
l further agree i of my duties, an document is bei	the appointment as registered agen to comply with the provisions of all d I am familiar with and accept the ng filed merely to reflect a change to been notified in writing of this cha	statutes re obligation in the regi	ee to act in telative to the n of my post stered office	this capacity, e proper and com ition as registered e address, I hereb	uplete perfor, d agent. Or, oy confirm th	mance if this out the
Hod	anguidet	10	/25/2021	Date		<del></del>
ong If signing on be	half of an entity:					
	Assistant Secretary					
	yped or Printed Name					
	* * * FILING	G FEE: \$3	35.00 * * *			