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Division of Corporations

Florida Department of State

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Division of Corporations

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From:

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Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (954)208-0845 Phone : (614)573-3996 Fax Number

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

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LLC REGISTERED AGENT CHANGE 1915 SOUTH OF SPANISH FORT, LLC

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K. SALY JUL - 8 2022 - . _ Page: 4 of 4

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.

Na	me of the limited liability company: 1915 SOUTH C)F SPANISH	FORT, L	TC
	No Change	(b)		це
(a) .	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)		Mailing address of limited hability company: (Nate: MAY BE POST OFFICE BOX)
				
	01/26/2006		L06000009	9687
	Date of filing/registration in Florida	4.		Document number
/a)	REGISTERED AGENT SOLUTIONS, INC.			_
(a)	Registered Agent and Registered Office shown on the records	of the Florida	Dept, of St	ale:
	155 OFFICE PLAZA DR.			
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS)		
	SUITE A		· · ·	
	TALLAHASSEE	FL_32301		FALLAHASSEE TLUMB
(b)	C T Corporation System			_
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	rea Office and	iress:	
		<u> </u>		
	NEW Registered Office Address:			
	1200 South Pinc Island Road			
	Plantation	FL		
cha nt v	imited liability company is not organized under the inge or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the membericles of organization or the operating agreement of	d liability cors of the limited l	ompany, i sited liabi liability c	t is hereby confirmed that the change(s) lity company or as otherwise provided in ompany.
	L'A	CH/	AD FITZU	Printed or typed name of signee
iere vis ob mer tifie	by accept the appointment as registered agent and by accept the appointment as registered agent and ions of all statutes relative to the proper and complifications of my position as registered agent as provely reflect a change in the registered office address d in writing of this change. CT Corporation System	agree to act ete perform ided for in (, I hereby c : lensen Assistar	Chaptér 6 onfirm th	annuity I further gares to comply with the
onan	ur of Registered Agent			