Division of Corporations



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To:

Division of Corporations

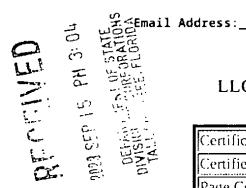
Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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LLC REGISTERED AGENT CHANGE FLANAGAN HILLPOT LLC

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9/15/2023 11 28:49 PDT To 18506176383 Page 2/2 From Registered Agents Inc Fax: 813436

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LAMITED 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. N	ame of the limited liability company:	of LLC	
2. (a)		(b)	
	Principal office address of limited liability company. (Note: MUST BE STREET ADDRESS)		Mailing address of fimited liability company: (Note: MAY BE POST OFFICE BOX)
	08/29/2005		.06000085199
3.	Date of filing/registration in Florida	4 ,	Document number
5. (a	GEY. Wayne H		
	Registered Agent and Registered Office shown on the records	of the Florida	Dept. of State
	222 CAPITOL CT.		
	Registered Office Address (MUST BE FLORIDA STREE	<u>ET ADDRESS)</u>	
	OCOEE	FL. 34761	2023 \$
(h)	Registered Agents Inc		2023 SEP 15
	The state of the s		
	7901 4th St N		PH :
	NEW Registered Office Address		29 ° 29
	STE 300		
	St. Petersburg	FL	-
the chagent was/w	limited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the member ticles of organization or the operating agreement of the second of the operating agreement of the oper	s of the regis I liability corrs rs of the limi	tered office and the business office of the registered npany, it is hereby confirmed that the change(s) ted liability company or as otherwise provided in
37.7	<u> Carrida espe</u>	Robin	Jones
Sign	ature of a member or authorized representative of a member	·	Printed or typed name of signee
provi: the ol- to mei notific	why accept the appointment as registered agent and sions of all statutes relative to the proper and complodigations of my position as registered agent as proverely reflect a change in the registered office addressed in writing of this change.	ete performa ided för in C	nce of my duties, and Lam familiar with and accept hapter 605, F.S. Or, if this document is being filed
		t Secretary	
Signat	ure of Registered Agent		