(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
(City/State/Zip/Fitche #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
&						
ORT POLIT						
S. HORNE 1 20th						
A))						





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FILED 2024 AUG 20 AHII: 36

2024 AUG 20 AM 11: 58



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301

P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088
For any issues please contact
Cheyanne Davis
(850) 202-1882

Date:	08/20/2024	Cheyanne Davis (850) 202-1882
Name:	Cheyanne Davis	
Reference #	2464103	<u> </u>
Entity Name	LMP AT	CENTRAL 304, LLC
☐ Amer	es of Incorporation/Authorizat ndment ge of Agent statement	ion to Transact Business
☐ Conv	ersion	
☐ Disso	olution/Withdrawal ous Name	
Other	r	
Authorized A	Amount: \$25.00	

F: 800.944.6607



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088
For any issues please contact
Cheyanne Davis
(850) 202-1882

Date:	08/20/2024	(850) 202-1882					
Name:	Cheyanne Dav	<u>is</u>					
Reference	#:2464103						
		AT CENTRAL 304, LLC					
_		norization to Transact Business					
☐ Amendment☑ Change of Agent							
Reinstatement							
☐ Con	☐ Conversion						
☐ Mer	☐ Merger						
☐ Dissolution/Withdrawal							
☐ Fictitious Name							
☐ Othe	er						
Authorized	Amount: \$25	.00					
Signature:	Crayanc area						

F: +852.2682.9790

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.

Name of the limited liability company:			L	LMP AT CENTRAL 304, LLC			
2. ((a)	no change	(b)	no change		
	` ′	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
3.		10/29/2007 Date of filing/registration in Florida			L07000109417 Document number		
			٦.		130cument number		
5. (a)		REDDEN, DAVID H Registered Agent and Registered Office shown on the records of	ate:				
		Registered Office Address (MUST BE FLORIDA STREET	-				
		11600 NINTH ST N	_				
		ST. PETERSBURG FI	3	3716			
(b)	(b)	Cogency Global Inc.	pal Inc.				
		Enter name of NEW Registered Agent and/or NEW Registered Office address:			AUG 20 AM		
		115 North Calhoun Street, Suite NEW Registered Office Address:	FILED AM 11: 36				
		Tallahassee FI	<u>.</u> 3	2301	- -		
the age was	cha nt v s/we	imited liability company is not organized under the la inge or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited li ere authorized by an affirmative vote of the members cles of organization or the operating agreement of the	f the regis iability co of the lim	stered offi ompany, it nited liabil	ce and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in		
		/s/ David Redden			David Redden		
	_	ture of a member or authorized representative of a member			Printed or typed name of signee		
pro the to n	visi obl nere	by accept the appointment as registered agent and age ions of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address. I I'in writing of this change.	ree to act e perform ed for in (hereby co	in this ca ance of m Chapter 60 onfirm tha	pacity. I further agree to comply with the values, and I am familiar with and accept 05, F.S. Or, if this document is being filed the limited liability company has been		
,		/s/ Michael Carlisle					
Sig	natu	re of Registered Agent Michael Carlisle, Assistant Se	cretary				

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