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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 AREANNA LLC

Certificate of Status	0
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Page Count	02
Estimated Charge	\$25.00

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K. SALY FEB 13 2024

## 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 hability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. 8	ame of the limited liability company.  AREANNA LLC		
2. (a)		(b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	<u> </u>	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BON)
	01/22/08	L08000	007030
3.	Date of filing/registration in Florida	4.	Document number
5. (a	UNITED STATES CORPORATION AGENTS, INC.		
	Registered Agent and Registered Office shown on the records of		
	476 RIVERSIDE AVE.		~2
	Registered Office Address		PILE LI  2004 FEB 13 PH 3: 24  TALLAHASSEE, FLORIDI
	JVCK20MAIFTE 'E	32202	FEB 13 PH
(b)	Registered Agents Inc		PR 3
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office address:	07: 21 07: 21
	7901 4th St N		Or *
	NEW Registered Office Address:		<del></del>
	STE 300		
	St. Petersourg PI	33702	
the ch agent was/w	limited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited li- tere authorized by an affirmative vote of the members licles of organization or the operating agreement of the	f the registered o lability company of the limited lial	ffice and the business office of the registered, it is hereby confirmed that the change(s) bility company or as otherwise provided in
12	ature of a member of authorized representative of a member	Robin Jones	
Sign	ature of a member of authorized representative of a member		Printed or typed name of signee
provis the ob to mei natible	by accept the appointment as registered agent and ag tions of all statutes relative to the proper and complete ligations of my position as registered agent as provide elv reflect a change in the registered office address. I of in writing of this change.  David Roberts - Assistant S	performance of d for in Chapter hereby confirm t	capacity. I further agree to comply with the my duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed that the limited liability company has been

Signature of Registered Agent