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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

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

LLC REGISTERED AGENT CHANGE **BOLLARD ROAD LLC**

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T. LEMIEUX IAN 05 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 liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Na	ame of the limited liability company:	LC			
2. (a)		(b)			
. ,	Principal office address of limited fiability company: (Note: MUST BE STREET ADDRESS)	_	Mi	ailing address of limited lia (Note: MAY BE POST O	bility company:
		_			
	11/12/08	L	0800010576	7	
3.	Date of filing/registration in Florida	4.	1	Document number	
5. (a)	FOSTER, WALTER J / c/o Walter Foster				
J. (11)	Registered Agent and Registered Office shown on the records of th	e Florida I	Dept. of State:		
	B129 Arbor Ct				
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		,	400	
					5.03
	FORT MYERS .FL	3908			
	·		<u>_</u>		
(b)	Registered Agents Inc				
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>	Mice addi	ress:		- T
	7901 4th St N				4: 55
	NEW Registered Office Address:				
	STE 300				
	St. Petersburg , FL 3	3702			
the cha agent v was/wa	imited liability company is not organized under the lawsinge or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the li	he regist pility con the limit	ered office a npany, it is l led liability	and the business office nereby confirmed that company or as otherw	of the registered the change(s)
	ture of a member or authorized representative of a member	Robin	Jones		
				Printed or typed name of si	-
provise the obl to mere natifies	hy accept the appointment as registered agent and agre- ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address, I he I in writing of this change.	e to act i erformai för in Cl rehy coi	n this capac nce of my di napter 605, ifirm that th	ity. I further agree to ties, and I am familia F.S. Or, if this docum e limited liability com	comply with the r with and accept ent is being filed pany has been
old The	David Roberts - Assistant Sec	retary			