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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY 🔹 🐘 LIMITED LIABILITY COMPANY ì

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 Provida. Plorida.

a)	1637 Race Track Road	(b) ²	2220 County Road 210 West
	Principal office address of limited liability company: (<u>Note: MUST BE STREET ADDRESS</u>)		Mailing address of limited liability company (<u>Note: MAYBE POST OFFICE BOX</u>)
	Suite 203		une 108. PMB 511
	ST JOHNS, FL 32259	Ja	acksonville, FL 32259
	11/12/2009	L00	9000109992
	Date of filing/registration in Florida		Document number
(a)	DONNELL D GIBSON		
	Registered Agent and Registered Office shown on the records of the Florida Dept, of State 38 SILVER CREEK PLACE		ept. of State:
(b)	Registered Office Address <u>(MUST BE FLORIDA STREE</u>	T ADDRESS)	
	ST. AUGUSTINE	FL_32095	2022 DEC
	C T Corporation System		C 20 P
b)			
b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	red Office addres	
b)		red Office addres	28 PH 4: 35
b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u> <u>NEW</u> Registered Office Address. 1200 South Pine Island Road	red Office addres	

/S/OLGA KHVATSKAYA Signature of a member or authorized representative of a member OLGA KIIVATSKAYA Printed or typed name of signee

Thereby accept the appointment as registered agent and agree to act in this capacity. Thather agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and Lam Jamiliar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. Thereby confirm that the limited liability company has been notified in writing of this change. See Than 5 C T Corporation System JOE DAVIS, ASST. SECRETARY

By:

Signature of Registered Agent

Division of Corporations• P.O. Box 6327• Tallahassee, FL 32314 FILING FEE: \$25,00

To: