## **Division of Corporations** Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number: 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

\*\*Enter the email address for this business entity to be used for tuti er the email address for this business energy of annual report mailings. Enter only one email address please.

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## LLC REGISTERED AGENT CHANGE SPIRIT LAKE ROAD NURSERY LLC

Certificate of Status	0
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## 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.

. Na	me of the limited liability company: Spirit Lake Road?	Nurse	ry LLC		
	82 NE 26th St		(b) 82 NE 26tl	h St	
. (w/ ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	<del></del>	N	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	Unit #110		Unit #110		
	Miami, FL 33137		Miami, FL	33137	
	12/14/2010		L100001291	73	
<b>.</b>	Date of filing/registration in Florida	4.		Document number	
	NORTHWEST REGISTERED AGENT LLC				
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 7901 4TH ST N		FILED  2021 JUN - 2 AM 9: 44  SHEEL AHASSEE FLORIG		
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) STE 300				
	ST. PETERSBURG . FL	3370	2	E A	
	Corporate Creations Network Inc.  Enter name of NEW Registered Agent and/or NEW Registered Office address:			RECEIVED	
	801 US Hwy 1				
	NEW Registered Office Address:				
	North Palm Beach , FL	3340	8	_	
change agent v was/we	imited liability company is not organized under the law e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia- ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	ws of regisability	the State of Flo stered office and y company, it is limited liability	d the business office of the registered shereby confirmed that the change(s) y company or as otherwise provided in	
Ž			Sean Arno, Attor		
Signa	ture of a member or authorized representative of a member	-		Printed or typed name of signee	
provisi the obi to mer	by accept the appointment as registered agent and agrisons of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address. It is writing of this change.	147517	emanee of my	and es and Lam Iamiliar with and accept	
<u></u>	Danielle Gossman, Special Secretary				
Signatt	ire of Registered Agent				