To: LLC Filing December 24, 20	Page: 1 of 2)24	2024-12-24 11:23.41 EST	18134342007	From: Judy Welch
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	Fax Nur From: Account Account Phone	on of Corporations nber : (859)617-6383 : Name : GUNSTER,YOAKLEY & STEN : Number : 076117000420 : (561)650-0728 nber : (561)671-2527	WART, P.A.	# 11 12 24 622 24 1
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	Email Addre	ss: <u>sosfilings@gunster.com</u>		
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Help

T. Greene 12/26/24

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From: Judy Welch

H24000420756

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:	C	
2. (a) _	305 N. Highway 41	(b) 305 N. Hi	ghway 41
·· (•/ -	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE B(1))
	Ruskin, FL 33570	Ruskin, F.	L 33570
	05/31/2011	L11000063	377
	Date of filing/registration in Florida	4.	Document number
(a)	Peter T. Kirkwood		
	Registered Agent and Registered Office shown on the records	of the Florida Dept. of Sta	
	601 Bayshore Boulevard, Ste. 700		
	Registered Office Address (MUST BE FLORIDA STREE	TADDKESS)	
	Тэтра,	FL	
(b)	Wendi Y. Dickman		- 5. 5. 6.
	Enter name of NEW Registered Agent and/or NEW Register	ed Office address:	
	305 N. Highway 41		
	NEW Registered Office Address:		-
	Ruskin	FL_33570	_
tange gent w as/we ie arti-	inited liability company is not organized under the or changes are made, the Florida street address of t vill be identical. Or, in the case of a Florida limited the authorized by an affirmative vote of the member. cles of organization or the operating agreement of the member of a member of authorized representative of a member	laws of the State of Fi he registered office ar liability company, it i s of the limited liabili	orida, it is hereby confirmed that after the id the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in npany.
I herel rovisi he obli o mere otifica	by accept the appointment as registered agent and a ons of all statutes relative to the proper and comple igations of my position as registered agent as provide by reflect a change in the registered office address, in writing of this change. WAAA DOMO re of Resistered Agent WENDIY, DICKMAN	gree to act in this cap le performance of my ded for in Chapter 60. I hereby confirm that	

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

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INHS18 (2/14)