Division of Corporations



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To:

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.

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LLC REGISTERED AGENT CHANGE CAPTIVA REMODEL LLC

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K. SALY

IN 1 7 2024

Fax: 8134365206

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. N	ame of the limited liability company:	ILLC					
2. (a)		(b)					
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
	09/13/11	L	11000104474				
3.	Date of filing/registration in Florida	4.	Document number				
5. (a	, UNITED STATES CORPORATION AGENTS, INC.						
J. (4	Registered Agent and Registered Office shown on the records o	f the Florida I	Dept. of State:				
	476 RIVERSIDE AVE.	476 RIVERSIDE AVE.					
	Registered Office Address (MUST BE FLORIDA STREET						
	JACKSONVILLE F	L 32202	TATUAL TO				
/1 . '	Registered Agents Inc		TILLE PH 3: 00				
(b	Enter name of NEW Registered Agent and/or NEW Registere	d Office add	ress:				
	Took the Cont		PR 3: 00				
	7901 4th St N						
	NEW Registered Office Address:						
	STE 300						
	St. Petersburg	33702 L					
the clagent was/v	limited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	of the regist liability con of the limi	tered office and the business of the of the registered inpany, it is hereby confirmed that the change(s) ted liability company or as otherwise provided in				
	rature of a member or authorized representative of a member		Jones				
Sign	nature of a member or authorized representative of a member		Printed or typed name of signee				
provi the or to me natifi	why accept the appointment as registered agent and a sions of all statutes relative to the proper and complet bligations of my position as registered agent as provide the reflect a change in the registered office address, and in writing of this change.	gree to act te performa led for in C I hereby co	in this capacity. I further agree to comply with the ence of my duties, and I am familiar with and accept hapter 605, F.S. Or, if this document is being filed infirm that the limited liability company has been				
rikisi 🗸	David Roberts - Assistant	Secretary					

Signature of Registered Agent

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