11/5/23, 3 04 PM

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000385509 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

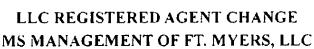
From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (954)208-0845 Fax Number : (614)573-3996

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

Email Address:



Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$55.00



Electronic Filing Menu

Corporate Filing Menu

Help

NOV 0 7 2023

To: * Page: 3 of 3 2023-11-06 12:06:22 PST 19548277645 From: Keity Toon

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.

(a)	6240 LAKE OSPREY DRIVE	(b) 62	240 LAKE OSPREY DRIVE		
(,	Principal office address of limited liability company: (Nate: MUST BE STREET ADDRESS)		Mailing address of limited fiability company: (Note: MAY BE POST OFFICE BOX)		
	SARASOTA, FL 34240	S.A.	ARASOTA, FL 34240		
	11/04/2011	L11	000126420		
(a)	Date of filing/registration in Florida RUSSELL ALLEN	4.	Document number		
(0)	Registered Agent and Registered Office shown on the records 6240 LAKE OSPREY DRIVE	of the Florida Dep	or. of State.		
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS)			
	SARASOTA :	FI, <u>34240</u>	202		
(b)	C T Corporation System		<u>ح</u> کے ۔۔۔ <u>ک</u>		
	Enter name of NEW Registered Agent and/or NEW Registered Office address		1023 Now-6 PH		
	NEW Registered Office Address: 1200 South Pine Island Road		: 25		
	1200 Sonn Pine Island Road				
	Plantation	FL. 33324			
e cha gent v as/we	imited liability company is not organized under the inge or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the member icles of organization or the operating agreement of the state was	of the registere l liability compa s of the limited he limited liabi	ed office and the husiness office of the registere any, it is hereby confirmed that the change(s) Hiability company or as otherwise provided in		
Signa	gnature of a member or authorized representative of a member		Printed or typed name of signee		
here rovisi ne obl mere	by accept the appointment as registered agent and cions of all statutes relative to the proper and completing to the proper and completing to the proper as provided to the proper accept as provided to the control of the control of the control of the control of the change.	ngree to act in t te performance ded for in Chap I hereby confi	this capacity. I further agree to comply with the e of my duties, and I am familiar with and accep- over 605, F.S. Or, if this document is being filed rm that the limited liability company has been		