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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

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

Empil 1	Address:			
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LLC REGISTERED AGENT CHANGE 2755 OAKWATER LLC

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JUN 2 1 2022

	112.
	COVER LETTER .
TO: Registration Section Division of Corporations	•
SUBJECT: 2755 OAKWATER	R LLC
Bebottet.	of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Offic	e Change and fee(s) are submitted for filing.
Please return all correspondence concerning this	matter to the following:
Joshua Murphy	
Name of Person	
Registered Agent Solutions, Inc.	
Firm/Company	
Corporate Center One, 5301 Southwest	Pkwy, Ste 400
Address	
Austin, TX 78735	
City/State and Zip Code	
E-mail address: (to be used for future annu	al report notification)
For further information concerning this matter, p	please call:
Joshua Murphy	at (888 705-7274
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following	amount:
□ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

□ \$25 Filing Fee

15129570210

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

. N:	nme of the limited liability company:	2755 OAK	(WA	TER LLC				
(a)	10 CASEY LANE		(b) 10 CASEY LANE					
. (,	Principal office address of limited lia	· · ·		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
	MOUNT SINAI, NY			MOU	NT SINA			
	8/13/2012		— 		0103994			
_	Date of filing/registration in	Florida	- 4.		Document nu	mber		
(0)	BLUMBERGEXCELSIOR COL		RVIC	ES, INC.				
. (a)	Registered Agent and Registered Office show	le:						
	155 OFFICE PLAZA	DRIVE,	1ST	FL.				
	Registered Office Address (MUST BE F	LORIDA STREET	ADDRE.	<u>SS)</u>	-			
	TALLAHASSEE	, FI	323	01		<u>:</u>	2022 J	
(b)	Registered Agent Solut					2022 JUN 20		
	Enter name of NEW Registered Agent and/	-						
						•	<u>-X</u>	
	155 Office Plaza Dr.				_	:	خز	_
	155 Office Plaza Dr. NEW Registered Office Address:				_	÷	5: 22	Ç
					_	:	7	į

the articles of organization or the operating agreement of the limited liability company.

/s/	Brandon Roth		Brandon Roth	Manager	
	Signature of a member or autho	rized representative of a member	Printed o	or typed name of signee	

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar 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, I hereby confirm that the limited liability company has been notified in writing of this change.

Mackenzie Hart, Asst, Secretary Signature of Registered Agent