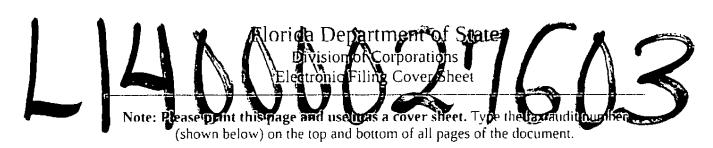
11/29/2024 07:35:19 PST * To: 18506176383 Page: 1/2 Fax: 8134365206



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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 : REGISTERED AGENTS INC.

Account Number : I20090000081

: (307)200-2803

Phone

Fax Number : (813)436-5206

*Enter tl	he <mark>em</mark> a	il a	ddress	for	this	busin	ess	entity	to	be t	used	for	future
annu	al re	oort	mailin	gs.	Enter	only	one	email	add:	ress	ple	ase.	* *

<u>E</u> mail	Address:					
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LLC REGISTERED AGENT CHANGE **BUGANELL PROPERTIES, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

M. SOLOMON

DEC - 3 2,24

11/29/2024 07:35:10 PST • To: 18506176383 Page. 2/2 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. 1	Name of the limited liability company: Bugar	nell Properti	es	
2. (a	, 7901 4th St N	_(b) 790	01 4th St N	
2 , (0	Principal office address of limited liability compan (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	:
	STE 300	STI	E 300	
	St. Petersburg, FL 33702	St. F	Petersburg, FL 33702	
	02/17/14	L14	000027603	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a	MERRITT, EVAN A			
<i>5.</i> (Registered Agent and Registered Office shown on the reco	ords of the Florida Dept. o	of State:	
	239 NORTH MAIN STREET			
	Registered Office Address (MUST BE FLORIDA STR	REET ADDRESS)		
				25
	BUSHNELL	. FL 33513	2024 DEC	≅ ⊃
(b		nt LLC		FFrance E
	Enter name of NEW Registered Agent and/or NEW Regi	istered Office address:		
	7901 4th St N			
	NEW Registered Office Address:		N	
	STE 300			
	St. Petersburg	, _{FL} 33702		
If the	limited liability company is not organized under the	he laws of the State	of Florida, it is hereby confirmed that after	er
the clagent was/v	hange or changes are made, the Florida street addro t will be identical. Or, in the case of a Florida limit were authorized by an affirmative vote of the memb rticles of organization or the operating agreement of	ess of the registered ted liability company bers of the limited lia	office and the business office of the regis y, it is hereby confirmed that the change(s ability company or as otherwise provided	tered s)
i	Nat Smith	Nat Sm		
Sigi	nature of a member or authorized representative of a member		Printed or typed name of signee	
I her provi the o	reby accept the appointment as registered agent an isions of all statutes relative to the proper and com bligations of my position as registered agent as pro prely reflect a change in the registered office addre	nd agree to act in this aplete performance o ovided for in Chapte ess, I hereby confirm	s capacity. I further agree to comply with f my duties, and I am familiar with and ac r 605, F.S. Or, if this document is being that the limited liability company has bei	i the ccept filed en

Signature of Registered Agent

Taylor Newman - Assistant Secretary