1400002990

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							
J. HORNE							
APR - 8 2022							

Office Use Only



000385139170

2022 APR -7 AM 8: 53 2022 APR -7

PH 3: 31

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195							
REFERENCE : 602257 8041492							
AUTHORIZATION : Comello of a new contraction of the							
COST LIMIT : \$ 25.00							
ORDER DATE : April 7, 2022							
ORDER TIME : 1:27 PM							
ORDER NO. : 602257-005							
CUSTOMER NO: 8041492							
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~							
CHANGE OF AGENT							
REFERENCE : 602257 8041492  AUTHORIZATION : June Blance  COST LIMIT : \$25.00  DATE : April 7, 2022  TIME : 1:27 PM  NO. : 602257-005  MER NO: 8041492  CHANGE OF AGENT  NAME: 3899 SHUTTERFLY WAY, LLC  E RETURN THE FOLLOWING AS PROOF OF FILING:  CERTIFIED COPY PLAIN STAMPED COPY							
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:							
CERTIFIED COPY XX PLAIN STAMPED COPY							
CONTACT PERSON: Alexxis Weiland EXT#							

EXAMINER:

## **COVER LETTER**

TO: Registration Section

Divi	sion of Corporations							
SIDIECT.	3899 SHUTTERFLY WAY, LLC  Name of Limited Liability Company							
SUBJECT:								
Dear Sir or N	Madam:							
The enclosed	d Registered Agent/Registered Office Chan	ge a	and fee(s) are submitted for filing.					
Please return	all correspondence concerning this matter	to t	he following:					
	N 60							
	Name of Person		<u>,</u>					
			<u> </u>					
	Firm/Company							
	Address							
	City/State and Zip Code							
E-mail	address: (to be used for future annual report	rt no	otification)					
For further in	nformation concerning this matter, please c	all:						
			)					
	Name of Person		Area Code & Daytime Telephone Number					
	ling Address:		Street Address:					
_	istration Section sion of Corporations		Registration Section Division of Corporations					
P.O.	Box 6327		The Centre of Tallahassee					
Talla	ahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					
Encl	osed is a check for the following amount	:						
<b>=</b> \$2	25 Filing Fee		\$55 Filing Fee & Certified Copy					
INHS18 (2/14	)							

## 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	lame of the limited liability company: 3899 SHUTTEF	RFLY WAY, LLC				_	
2. (a)							
2. (4)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)					
	12773 W. FOREST HILL BLVD	12773 W. FOREST HILL BLVD					
	101 WELLINGTON, FL 33414	101 WI	ELLINGTON,	FL 33414			
	02/21/2014	L140000	29901				
3.	Date of filing/registration in Florida	4.	Document n	umber			
5. (a	)			`.			
	Registered Agent and Registered Office shown on the records of BARBUTO, ANTHONY, ESQ.	the Florida Dept. of S	ate:	•			
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)					
	12773 W. Forest Hill Blvd., 101						
	WELLINGTON , FI	33414	_		TALL SEC	2022	
			<del></del>		差	APR	
(b)					SSY	-7	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office address:			EE.	A	
	Corporation Service Company				TARY OF STATE ASSEE, FLORIES	ά π	
	NEW Registered Office Address:		<del></del>			53	
	1201 Hays Street	<del></del>	_		•		
	Tallahassee . FI	32301					
			<del></del>				
chang agent was/w	limited liability company is not organized under the lave or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liavere authorized by a firmative vote of the members of the case of a greement of the	registered office a ability company, it of the limited liabil limited liability co	and the business is hereby conf ity company or ompany.	s office of the irmed that the r as otherwise	e register e change e provide	ed (s) ed in	
Sign	ature of a member or authorized representative of a member		Printed or type	d name of sign	ec	<u> </u>	
provis the ob to mei	by accept the appointment as registered agent and agressions of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address, I had in writing of this change.	ree to act in this ca performance of m d for in Chapter 60 hereby confirm tha	pacity. I furthe duties, and I o 15, F.S. Or, if I t the limited lid	er agree to co am familiar v this documen ability compa	omply wi with and i it is being my has b	th the accept g filed een	
Signat	Like William assistent va president						