

Electronic Filing Cover Sheet

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To:

Division of Corporations Fax Number : (850)617-6383

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| rom: | Account Number Phone | : | (307)200-2803 | INC. |
|------|-------------------------|---|---------------|------|
| | | | (855)330-1010 | |

Enter the email address for this business entity to be used for fu annual report mailings. Enter only one email address please. füture JUL 26

Email Address:

LLC REGISTERED AGENT CHANGE COMMERCIAL LIABILITY PARTNERS, LLC Certificate of Status 0 0 Certified Copy 02 ÷ Page Count \$25.00 E Estimated Charge JUL 26

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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.

| . Na | me of the limited liability company: | MERCIAL LIAB | ILITY PARTNERS, LLC | | | |
|--|---|---|--|--|--|--|
| . (a) | 2275 Cassens Drive | (b) 22 | (b) 2275 Cassens Drive | | | |
| (a) | (a) Principal office address of limited liability company: (<u>Note: MUST BE STREET ADDRESS</u>) | | Mailing address of limited liability company: (<u>Note: MAY BE POST OFFICE BOX</u>) | | | |
| | Fenton, MO 63026 | Εε | enton, MO 63026 | | | |
| | 04/09/2014 | L1 | 4000058669 | | | |
| 5. | Date of filing/registration in Florida | 4. | Document number | | | |
| i. (a) | Elisabeth BENNETT | | | | | |
| . (a) | Registered Agent and Registered Office shown on the r | ecords of the Florida Dep | or, of State: | | | |
| | 185 SE 7th | | | | | |
| | Registered Office Address (MUST BE FLORIDA S | | | | | |
| | St. 3611 | | 202 | | | |
| | Miami | 33130 | 33130 | | | |
| (b) | Registered Agents Inc. | | esti Pi | | | |
| (0) | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW B</u> | s: <u>1</u> , 1 | | | | |
| | 7901 4th St N | | - <u>0</u> , , , , , , , , , , , , , , , , , , , | | | |
| | NEW Registered Office Address: | | | | | |
| | STE 300 | | , 1* | | | |
| | St. Petersburg | , _{FL} 33702 | | | | |
| he cha agent v was/wo he arti Liter Signa J here proviss he obs o mer | inge or changes are made, the Florida street ac vill be identical. Or, in the case of a Florida li ere authorized by an affirmative vote of the mi icles of organization or the operating agreeme take of a member or authorized representative of a memb by accept the appointment as registered agent ions of all statutes relative to the proper and c | inited liability comp embers of the limited nt of the limited liab Riley F ber t and agree to act in complete performance | | | | |

Signature of Registered Agent

Bill Havre

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Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

- Assistant Secretary