L14000101642

(Re	equestor's Name)						
(Ac	ldress)						
(Address)							
(Cit	ty/State/Zip/Phone	e #)					
PICK-UP	MAIT	MAIL					
(Bu	siness Entity Nan	ne)					
(Document Number)							
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22 DEC 19 AM L: 27

COVER LETTER

Division of Corporations					
North Port Holdings LLC SUBJECT:					
	of Limited Liability Company				
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.				
Please return all correspondence concerning this m					
Christopher Packer					
Name of Person					
North Port Holdings LLC	;				
Firm/Company					
1 Las Olas Circle uit 606					
Address					
Fort Lauderdale Florida 33316					
City/State and Zip Code					
chrispacker@barefoot-inc.com					
E-mail address: (to be used for future annual i	report notification)				
For further information concerning this matter, plea	ase call:				
Christopher Packer	571 238-5069 t()				
Name of Person	Area Code & Daytime Telephone Number				
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
Enclosed is a check for the following amo	ount:				
■ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy				

INHS18 (2/14)



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FLORIDA DEPARTMENT OF STATE 19 PM 3:41 Division of Corporations

November 30, 2022

CHRISTOPHER PACKER 1 LAS OLAS CIRCLE UNIT 606 FORT LAUDERDALE, FL 33316

SUBJECT: NORTH PORT HOLDINGS LLC

Ref. Number: L14000101642

We have received your document for NORTH PORT HOLDINGS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Michael A Hall OPS Clerk

Letter Number: 722A00026482

22 DEC 19 AH 4: 27

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	ame of the limited liability company: North Port Holdi	ings LL0	C —		<u>_</u>		
2. (a)	D' ' L O'		(h)	1			
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0)	·		ss of limited I	iability company: OFFICE BOX)
	1 Las Olas Circle Unit 606			PO Bo.	x 2249		
	Fort Lauderdale FL 33316			Fort La	auderdale FL 333	03	
	06-25-2014		i	140001	101642		
3.	Date of filing/registration in Florida	4.	_	_	Document r	number	
5. (a)							
	Registered Agent and Registered Office shown on the records of Christopher Packer	the Flor	ida l	Dept. of	State:		
	Registered Office Address (MUST BE FLORIDA STREET	ADDRE	<u>55)</u>	 -			
	6750 N Andrews Ave Suite 200						·:: 22
	Fort Lauderdale . FI	33309	_	<u>-</u>	 -		जांडाकी हों । 22 0EC 19
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address: Christopher Packer					AH 4: 28	
	NEW Registered Office Address:	<u> </u>	_				1.2
	Las Olas Circle Unit 606						
	Fort Laudedale, FL	33316					
ngent w was/we he artic Signate	or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liar re authorized by an affirmative vote of the members of cless of organization of the operating agreement of the une of a member or authorized representative of a member by accept the appointment as registered agent and agreems of all statutes relative to the proper and complete.	registe ability c of the lin limited Ch	reg om nite lial riste	pany, i pany, i ed liabi bility co opher Pa	and the business t is hereby confility company or ompany. acker Printed or type	s office of irmed that r as otherw	the registered the change(s) rise provided in
he obli o mere iotified	ons of all statutes relative to the proper and complete gations of my position as registered agent as provided by reflect a thangs in the registered office address, I have thangs in the registered office address, I have thanged to the registered of the change of the change of the change.	for in ereby c	Che	apter 6 firm tha	ov duties, and 17 05, F.S. Or, if that the limited lia	um jamiiiai this documu thility comp	with and accept ent is being filed pany has been
-	e of Registered Agent						