Florida Department of State Division of Comparations, 32 Electronic Filing Cover Sheet 32

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LLC REGISTERED AGENT CHANGE 11100 60TH STREET NORTH, LLC

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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.

1. Na	ame of the limited liability company: 11100 607	TH STREET	T NORTH, LLC
2. (a)		(b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	<u> </u>	Moiling address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	11100 60th Street N		P.O. Box 155
	Pinellas Park, FL 33782		Pinellas Park, FL 33780
	9/8/2014		L14000140532
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	Andrew M. Pozin		
(-)	Registered Agent and Registered Office shown on the records	of the Florida D	Popt of State:
	4335 13th Lane NE		•
	Registered Office Address (MUST BE FLORIDA STREET	T ADDRESS)	
		J ADDARSS)	
	Ct Beterbuse	Er 33703	
	St. Petersburg	FL33703	
(b)	Andrew M. Pozin		···· 2
	Andrew M. Pozin Enter name of NEW Registered Agent and/or NEW Register	red Office nddre	<u> </u>
			2022 SEP
	NEW Registered Office Address:		
	1696 Sunny Brook Lane		
		-	—· ○
	Clearwater	er 33764	⊕ 3: 5
	- Oldari Walter	FL 33764	
agent wi was/wer	nited liability company is not organized under the liber changes are made, the Florida street address of the liber identical. Or, in the case of a Florida limited les authorized by an affirmative vote of the members les of organization or the operating agreement of the	ne registered o liability comp and the limited	office and the business office of the registered pany, it is hereby confirmed that the change(s)
			rew M. Pozin
Signatu	re of a member or authorized representative of a member	/ 1/341	Printed or typed name of signee
the oblig to mercly	accept the appointment as registered agent and agens of all statues relative to the proper and complete attents of my position as registered agent as provide reflect a change in the registered office address, I in writing of this change.	gree to act in t e performance ed for in Chaj hereby confi	this capacity. I further agree to comply with the e of my duties, and I am familiar with and accept pier 605, F.S. Or, if this document is being filed rm that the limited liability company has been
Signature	of Registered Agent		
PHMIRIE	ar sufficien witch		

Division of Corporations. P.O. Box 6327. Tallahassee, FL 32314 FILING FEE: 525.00