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To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : REGISTERED AGENTS INC. Account Number : I2009000081 Phone : (307)200-2803 Fax Number : (855)330-1010 \*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\* Email Address:\_ aii 10° 48 LLC REGISTERED AGENT CHANGE 2022 JUN 22 PH 1:5 **111 MERCER PH LLC** 0 Certificate of Status 60 60 0 Certified Copy Э́Г 02 Page Count \$25.00 2022 Estimated Charge

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K. Brumbley

## **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.

l. Na	me of the limited liability company: $111 N$	Aercer PH LI	LC		
2. (a)	Principal office address of limited liability compa ( <u>Note: MUST BE STREET ADDRESS</u> )	(b)	(b)		
3.	02/02/2015 Date of filing/registration in Florida	<u>L15</u>	000019609 Document number		
5. (a)	CORPORATION SERVICE COM Registered Agent and Registered Office shown on the rec 1201 HAYS STREET Registered Office Address (MUST BE FLORIDA ST	cords of the Florida Dept. o	of State:		
(b)	TALLAHASSEE Registered Agents Inc. Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Re</u>			2022 JUN 2.2	
	7901 4th St N <u>NEW</u> Registered Office Address: STE 300			ри 1:57	
	St. Petersburg	, FL_33702			
the cha agent v was/wa the art	imited liability company is not organized under inge or changes are made, the Florida street add will be identical. Or, in the case of a Florida lin ere authorized by an affirmative vote of the men icles of organization or the operating agreement $R:U_{T}L_{L}$ ture of a member or authorized representative of a membe	fress of the registered nited liability compan mbers of the limited li t of the limited liabilit Riley P	office and the business office y, it is hereby confirmed that ability company or as otherw ty company.	the change(s) is the provided in	
I here provis the ob- to mer	by accept the appointment as registered agent a ions of all statutes relative to the proper and co ligations of my position as registered agent as p ely reflect a change in the registered office add d'in writing of this change.	and waraa to get in thi	is capacity. I further agree to of my duties, and I am familic er 605, F.S. Or, if this docum a that the limited liability com	o comply with the ar with and accept nent is being filed npany has been	

Signature of Registered Agent

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