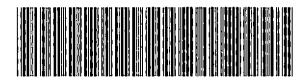
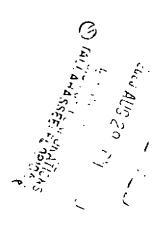
## L15000021029

<del></del>	(Requestor's Name)			
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	10:101-1-17:101-1-11			
	(City/State/Zip/Phone #)			
	_			
PICK-UP	wait	MAIL		
	(Business Entity Name)			
(Document Number)				
Certified Copies	Certificates of	Status		
Special Instructions to Filing Officer;				
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Office Use Only



900414579139



S. ROCLATS SEP - 1 2023 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE: 920729, 8408630 AUTHORIZATION : COST LIMIT : \$ 25.00° ORDER DATE: August 4, 2023 ORDER TIME : 2:05 PM ORDER NO. : 920729-021 CUSTOMER NO: 8408630 CHANGE OF AGENT NAME: 2530 SEVER REALTY, LLC PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY
XX PLAIN STAMPED COPY CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER: \_\_\_\_\_

## 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. 8	lame of the limited liability company: 2530 SEVER R	EALTY	, LLC	
2. (a)				
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	8633 SOUTH BAY DRIVE		8633 SC	OUTH BAY DRIVE
	ORLANDO, FL 32819		ORLANI	DO, FL 32819
	02/03/2015		L1500002	1029
3.	Date of filing/registration in Florida	4.	•	Document number
5. (a	)			
2. (4	Registered Agent and Registered Office shown on the records of WIDEMAN, EDMUND C, III	the Flori	da Dept. of Sta	ite:
	Registered Office Address (MUST BE FLORIDA STREET	_		
	8633 SOUTH BAY DRIVE			
	ORLANDO . FL	3281	9	-
				_
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>			200 -
	Enter name of NEW Registered Agent and/or NEW Registered	i Office :	address:	
	Corporation Service Company			
	NEW Registered Office Address:			<u> </u>
	1201 Hays Street			ਟ
				_ (c. ၅)
	Tallahassee FI	32301		_
chang agent was/w	limited liability company is not organized under the law e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia were authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	registe ability of of the li	red office ar company, it i mited liabili	nd the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in
/S/ Edmund C. Wideman III Edmund C. Wid			ideman III, Authorized Person	
Sign	ature of a member or authorized representative of a member			Printed or typed name of signee
provis the ob- to men notifie	eby accept the appointment as registered agent and agravious of all statutes relative to the proper and complete obligations of my position as registered agent as provided rely reflect a change in the registered office address, I had in writing of this change.	perfori	nance of my	duties, and I am familiar with and accept
_	ure of Registered Agent			
Grace	E. Kirby, Asst. Vice President  Division of Corporations • P.O. □	Box 63:	27● Tallaha	issee, FL 32314

**FILING FEE: \$25.00** 

INHS18 (2/14)