

(F	Requestor's Name)
(A	address)
(A	ddress)
(C	City/State/Zip/Phone #)
PICK-UP	MAIL MAIL
(Ê	usiness Entity Name)
(C	ocument Number)
Certified Copies	Certificates of Status
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04/04/24--01028--002 **1575.30



COVER LETTER

Division of Corporations		
Milelan, LLC SUBJECT:		
	of Limited	Liability Company
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office	Change a	nd fee(s) are submitted for filing.
Please return all correspondence concerning this r	matter to th	ne following:
Kylie Conrad & Kayla King		
Name of Person		
Corp1, Inc.		
Firm/Company		
7700 E Arapahoe Rd Ste 220		
Address		
Centennial, CO 80112		
City/State and Zip Code		
E-mail address: (to be used for future annua	l report no	tification)
For further information concerning this matter, pl	ease call:	
Kylie Conrad	720 at (823-9273
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 ar	mount:	
■ S25 Filing Fee	0	\$55 Filing Fee & Certified Copy

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:					
2. (a)	20 GARDENS PARKWAY		(b) 3620 GARDENS PARKWAY			
(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			•	mited liability company: POST OFFICE BOX)	_
	UNIT 1003B		UNIT 100	3B		
	PALM BEACH GARDENS, FL 33410		PALM BE	ACH GARDENS.	, FL 33410	_
	08/14/2015		L150001379	987		
3.	Date of filing/registration in Florida	4.		Document numb	per	_
5. (a)	CORPORATION SERVICE COMPANY					
J. (u)	Registered Agent and Registered Office shown on the records of 1201 HAYS STREET	the Flo	rida Dept. of Stat	_ e:		
	Registered Office Address (MUST BE FLORIDA STREET	<u>ADDR</u>	ESS)	_		
				_	20; TA:	
	TALLAHASSEE	3230	1-2525	_	2024 APR SECSAL TALLARI	П
(b)	Registered Agents Inc			_	() () () () () () () () () ()	==>
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	l Office	address:		·	I
	7901 4th St N			_	AM 9: 59	ا تعکیفت
	NEW Registered Office Address:	©rm • ⊙				
	Ste 300			_		
	St. Petersburg, Fi	3370	2	_		
change agent v was/we	imited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited litere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	regis ability of the	tered office an company, it is limited liabilit	d the business off s hereby confirm y company or as	fice of the registered ed that the change(s)	ıe
	A MILBAUER	I -	RISA MILBAUI			_
_	ture of a member or authorized representative of a member			Printed or typed na	-	
provisi the obl to mer	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address. I d'in writing of this change.	ree to perfo ed for i herch	act in this capermance of my in Chapter 605 confirm that	acity, I further a duties, and I am) , F.S. Or, if this the limited liabili	gree to comply with the familiar with and accep document is being filed ity company has been	?)()
•	VID ROBERTS					
Signatu	ire of Registered Agent					

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