## Florida Department of State

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To:

Division of Corporations

To: 18506176383

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (307)200-2803 Fax Number : (813)436-5206

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_\_

## LLC REGISTERED AGENT CHANGE FINER POINTE PROPERTIES, LLC

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HelpJAN 0 4 2025 K. Brumbley

To: 18506176383

## 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 hability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Ni	ame of the limited liability company:	erties, L	LC 	
2. (a)			b)	
	Principal office address of limited liability company: ( <u>Note: MUST BE STREET ADDRESS</u> )			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	7901 4th St N STE 300		7901 4th S	I N STE 300
	St. Petersburg FL 33702	_	St. Petersb	ourg FL 33702
	12/14/15		L150002077	36
3.	Date of filing/registration in Florida	- 4.		Document number
5 (0)	UNITED STATES CORPORATION AGENTS, INC.			
5. (a)	Registered Agent and Registered Office shown on the records of	the Flori	da Dept. of Stati	 ບ
	476 RIVERSIDE AVE.			
	Registered Office Address <u>(MUST BE FLORIDA STREET</u>	ADDRES	55)	-
	JACKSONVILLE FI	32202		- ~
(b)	Northwest Registered Agent LLC			2025 JAN -3
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :		· · · · · · · · · · · · · · · · · · ·	
	7901 4th St N			
	NEW Registered Office Address:			
	STE 300			- 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
	St. Petersburg	33702		
the charagent was/withe artificial Signal I here, provise the object of mere.	imited liability company is not organized under the lange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members of organization or the operating agreement of the light of a member of authorized representative of a member by accept the appointment as registered agent and aging the organization of my position as registered agent as provided or reflect a change in the registered office address. If a privilege of this change.	f the reg ability of of the li- limited Na	istered office company, it is mited liabilit l'liability con t Smith	e and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in apany.  Printed or typed name of signee are its above the comply with the
1/4	A laylor Newman - Assistant S	ecretary		
Signatu	ire of Registered Agent			