Division of Corporations



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Help

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.

(a) 1922 FELCH AVE	_(b) 1	(b) 1922 FELCH AVE		
Principal office address of limited liability company: (<u>Note: MUST BE STREET ADDRESS</u>)		Mailing address of limited liability company: (<u>Note: MAY BE POST OFFICE BOX</u>)		
JACKSONVILLE, FL 32207	JACKSONVILLE, FL 32207			
12/18/2015	L1	5000210266		
Date of filing/registration in Florida	4.	Document number		
(a) LEGLER, MITCHELL W				
Registered Agent and Registered Office shown on the record	ls of the Florida De	pt. of State:		
1431 RIVERPLACE BLVD.				
Registered Office Address (MUST BE FLORIDA STRE	ET ADDRESS)			
#910		202		
JACKSONVILLE	, _{FL} 32207			
Northwest Degistered Agen		2020 JUN I		
(b) Northwest Registered Agen	·	<u>s:</u>		
Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Regist</u>	ereu Onice adures	<u> </u>		
7901 4th St N				
NEW Registered Office Address:		· · · ·		
STE 300		-444 - 51 - 51 - 51 - 51 - 51 - 51 - 51		
St. Petersburg	_{F1} 33702			
he limited liability company is not organized under the change or changes are made, the Florida street addres	e laws of the Sta	the of Florida, it is hereby confirmed that after ad office and the business office of the register.		
ant will be identical. Or, in the case of a Florida limite s/were authorized by an affirmative vote of the membe articles of organization or the operating agreement of	ed liability comp ers of the limited	any, it is hereby confirmed that the change(s) I liability company or as otherwise provided in		
Mongon Jothe	Morga	n Noble		
ignature of amember or authorized representative of a member		Printed or typed name of signee		

the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

The Clover - Assistant Secretary or

Signature of Registered Agent

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Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

FILING FEE: \$25.00