**Division of Corporations** 

19415527141

## Florida Department of State Division of Corporations

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Division of Corporations

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## LLC REGISTERED AGENT CHANGE 2820 BEE RIDGE, LLC

Certificate of Status	0
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From: Corporate Paralegi

2022-04-21 12:57:23 EDT

H22000144826 3

## 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:	E, LLC	:				
2. (a)	10 SARASOTA CENTER BLVD.		(b) 10 SARASOTA CENTER BLVD.				
, ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	<del></del>		Mailing address of limit	-		:
	SARASOTA, FL 34240-9770	_	SARASO	TA, FL 34240-9770	<del></del>	<del></del>	
	JANUARY 8, 2016	_	L16000006	629			
3.	Date of filing/registration in Florida	4.	<del></del> _	Document number			
5. (a)	ALAN M. ELWELL						
(-,	Registered Agent and Registered Office shown on the records of 10 SARASOTA CENTER BLVD.	the Flo	rida Dept. of Stat	ie:			
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRI	<b>ැ</b> ව	-			
	SARASOTA , FL		)-9770	<b>-</b>		2022 A	
(b)	CROSS STREET CORPORATE SERVICES, LLC					APR 2	
(0)	Enter name of NEW Registered Agent and/or NEW Registered	ОПісе	address:	-		21	37.
	200 SOUTH ORANGE AVENUE			_	· · · · · · · · · · · · · · · · · · ·	<del>-</del>	
	NEW Registered Office Address:			_		2: 59	
	SARASOTA , FI	34236	j	_			
change agent w was/wo	mited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lia are authorized by an affirmative vote of the members of the of organization of the operating agreement of the	regist ability of the I	ered office an company, it is imited liabilit	d the business offices s hereby confirmed y company or as off	e of the reg that the ch	gistered ange(s	i )
	1/- 1 / 1	A	LAN M. ELW	ELL, As its Authorize	ed Represen	Itative	
the obli to mere notified	ory accept the appointment as registered agent and agroups of all statutes relative to the proper and complete gations of my position as registered agent as provided by reflect a change in the registered affice address, I have the proper and complete to the proper and complete gations of my position as registered office address, I have the proper address of this change in the proper address of this change in the proper address of the proper address.	perjor d for it	mance of my e Chanter 605	duties, and Lam fair IFS Or if this do	re to comp tiliar with cument is	and ac heino fi	cepi iled
provisii the obli to mere notified	ens of an statutes relative to the proper and complete Ealions of my position as registered agent as provide	perjor d for it	mance of my e Chanter 605	duties, and Lam fair IFS Or if this do	ui Ch	iar with iment is i	tar with and ac iment is heino f

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