To:



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000384806 3)))



**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

	Fax Number	: (850)617-6383
From:		
	Account Name	: C T CORPORATION SYSTEM
	Account Number	: FCA00000023
	Phone	: (954)208-0845
	Fax Number	: (614)573-3996
**Enter	the email addres	s for this business entity to be used for future
		ings. Enter only one email address please.**

Email Address:\_



NOV 0 7 2023

K. Brumbley

## 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	me of the limited liability company:				
2. (a)	6240 LAKE OSPREY DRIVE	(	b)б240 LAK	E OSPREY DRIVE	E
	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> )		
	SARASOTA. FL 34240	<b>.</b>	SARASOT	A, FL 34240	
	05/04/2016		L160000880	)12	
3.	Date of filing/registration in Florida	4,		Document number	er
5. (a)	RUSSELL ALLEN				
	the first the second seco				
	Registered Agent and Registered Office shown on the rec 6240 LAKE OSPREY DRIVE	ords of the Florid	la Dept, of State	-	
				-	
	6240 LAKE OSPREY DRIVE			-	
(h)	6240 LAKE OSPREY DRIVE Registered Office Address <u>(MUST BE FLORIDA ST</u> SARASOTA C T Corporation System	REET ADDRES		- - -	20
(b)	6240 LAKE OSPREY DRIVE Registered Office Address <u>(MUST BE FLORIDA ST</u> SARASOTA C T Corporation System	<u>REET ADDRES</u> , FL	<u>sy</u>	- - -	2023 vov-
(b)	6240 LAKE OSPREY DRIVE Registered Office Address <u>(MUST BE FLORIDA ST</u> SARASOTA C T Corporation System	<u>REET ADDRES</u> , FL	<u>sy</u>	- - -	FILE: 2023 مرمین کی ا
(b)	6240 LAKE OSPREY DRIVE Registered Office Address <u>(MUST BE FLORIDA ST</u> SARASOTA C T Corporation System Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Reg</u>	<u>REET ADDRES</u> , FL	<u>sy</u>	- - -	2023 NON-LO PH 2:

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

- Qa (3250)

Signature of a member or authorized representative of a member

KARA KOROSEC, MANAGER

Thereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept 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. CERmon B

Bv:

Signature of Registered Agent SEANL EMERICK ASSISTANT SECRETARY

Division of Corporations• P.O. Box 6327• Tallahassee, FL 32314 FILING FEE: \$25.00

C T Corporation System Yan Printed or typed name of signee