4/5/24, 12.00 PM

Division of Corporations



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.

(((H24000125843 3)))



H240001258433ABC\$

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

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

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

Email	Address:			

DEFAULT TO THE STATE OF TAKEN OF THE STATE OF THE STATE OF TAKEN O

LLC REGISTERED AGENT CHANGE PENNINGTON BROS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

APR 0 8 2024

INHS18 (2/14)

CO	VER LETTER
TO: Registration Section Division of Corporations	•
Pennington Bros, LLC SUBJECT:	
	nited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Chan	ge and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	to the following:
Mary Castillo	
Name of Person	
Registered Agent Solutions, Inc.	
Firm/Company	
Corporate Center One, 5301 Southwest Pkwy, Ste 400	
Address	1.001-
Austin, TX 78735	
City/State and Zip Code	
E-mail address: (to be used for future annual repo	rt notification)
For further information concerning this matter, please c	all:
Mary Castillo 88	88 705-7274
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 amount	ı:
□ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy

H24000125843 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.

(a)	10 CUNNINGHAM DR	CUNNINGHAM DR		
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	NEW SMYRNA BEACH, FL 32168		EW SMYRNA BEACH, FL 32	
	7/22/2016	 L16	5000137729	
	Date of filing/registration in Florida PENNINGTON, BO	4.	Document number	
(a)	D 1 10 10 10 10 10 10 10 10 10 10 10 10 1	Callin Chinalaha (Nora	and Company	
(a)	Registered Agent and Registered Office shown on the records o 10 CUNNINGHAM DR Registered Office Address (MUST BE FLORIDA STREET)		or, of State:	
(a)	10 CUNNINGHAM DR Registered Office Address (MUST BE FLORIDA STREET		or, of State:	
	10 CUNNINGHAM DR Registered Office Address (MUST BE FLORIDA STREET	" ADDRESS)	or, of State:	2024 A
(a)	10 CUNNINGHAM DR Registered Office Address (MUST BE FLORIDA STREET NEW SMYRNA F	L 32168		2024 N.P.R
	10 CUNNINGHAM DR Registered Office Address (MUST BE FLORIDA STREET NEW SMYRNA . F Registered Agent Solutions, Inc.	L 32168		<mark>Г</mark>
	10 CUNNINGHAM DR Registered Office Address (MUST BE FLORIDA STREET NEW SMYRNA F Registered Agent Solutions, Inc. Enter name of NEW Registered Agent and/or NEW Registere	L 32168		-5 -P
	10 CUNNINGHAM DR Registered Office Address (MUST BE FLORIDA STREET NEW SMYRNA F Registered Agent Solutions, Inc. Enter name of NEW Registered Agent and/or NEW Registere 2894 Remington Green Ln.	L 32168		<mark>Г</mark>

the articles of organization or the operating agreement of the limited liability company.

_N Bo Pennington	Bo Pennington	Manager	
Signature of a member or authorized representative of a member	Printed or typed name of signee		

I hereby 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.

Marky dil Mackenzie Hibler, Asst, Secretary Signature of Registered Agent