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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (307)200-2803 Phone 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:		M. SOLOMON
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## LLC REGISTERED AGENT CHANGE SOLEIL R.E. INVESTMENTS I, LLC

Certificate of Status	0
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Page Count	02
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3/15/2024 06 27:24 PDT To 18506176383 Page 2/2 Fax: 8134365206

## 

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. Na	ame of the limited liability company. Soleil R. E. Inve.	stments 1, LLC	; 
2. (a)	Principal office address of limited hability company: (Note: MUST BE STREET ADDRESS)	(b)	Mailing address of limited habitary company:  (Note: MAY BE POST OFFICE BOX)
	09/07/16	L.16	6000167534
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	NRAI SERVICES, INC.		
	Registered Agent and Registered Office shown on the records o		
	1200 SOUTH PINE ISLAND ROAD	· · · <del>-</del> · - <del> </del>	
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	;
	PLANTATION F	L 33324	
(b)	Registered Agents Inc	 ω	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	d Office addres	<u>ss</u> :
	7901 4th St N		
	NEW Registered Office Address:		<del></del>
	STE 300		<del></del>
	St. Petersburg	33702 1	
the cha agent v was/we the arti	imited liability company is not organized under the lange or changes are made, the Florida street address ovill be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members icles of organization or the operating agreement of the series of a member or authorized representative of a member	nws of the Sta of the register iability comp of the limited	ate of Florida, it is hereby confirmed that after red office and the business office of the registere pany, it is hereby confirmed that the change(s) id liability company or as otherwise provided in oility company.
			Printed or typed name of signee
provisi the obl to mere notifice	by accept the appointment as registered agent and agens of all statutes relative to the proper and complete igations of my position as registered agent as providely reflect a change in the registered office address. If in writing of this change.  MICLOSIS David Roberts - Assistant	e performanc ed for in Cha Thereby confi	ce of my duties, and I am familiar with and accer

Signature of Registered Agent