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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : MYLLC.COM, INC.  
Account Number : 120130000077  
Phone : (888)886-9552  
Fax Number : (888)776-9552

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

Email Address: \_\_\_\_\_

LLC REGISTERED AGENT CHANGE  
7131 BROWN PELICAN CT FL LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
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JAN 17 2023

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 7131 BROWN PELICAN CT FL LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Heather Gaston  
Name of Person

MyLLC.com, Inc.  
Firm/Company

1910 Thomas Ave  
Address

Cheyenne, WY 82001  
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Heather Gaston at 888-888-9552  
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:

- \$25 Filing Fee
- \$55 Filing Fee & Certified Copy

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 TALLAHASSEE, FL  
 DIVISION OF CORPORATIONS

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**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. Name of the limited liability company: 7131 BROWN PELICAN CT FL LLC
- 2. (a) 13880 Dulles Corner Lane, Suite 300  
Principal office address of limited liability company.  
*(Note: MUST BE STREET ADDRESS)*  
7131 Brown Pelican Ct  
Winter Garden, FL 34787
- (b) PO Box 1263  
Mailing address of limited liability company:  
*(Note: MAY BE POST OFFICE BOX)*  
P.O. BOX 1263  
CAMARILLO, CA 93011
- 3. 12/08/2016  
Date of filing/registration in Florida
- 4. L16000222183  
Document number

- 5. (a) CAPITOL CORPORATE SERVICES, INC.  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State.

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*  
515 EAST PARK AVENUE 2ND FL  
TALLAHASSEE, FL 32301

- (b) InCorp Services, Inc.  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:  
17888 67th Court North  
**NEW Registered Office Address:**  
Loxahatchee, FL 33470

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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.

Anne Morgan  
Signature of a member or authorized representative of a member

Anne Morgan  
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.*

Isabel Burgos  
Signature of Registered Agent  
Isabel Burgos on behalf of InCorp Services, Inc.