L17000005684

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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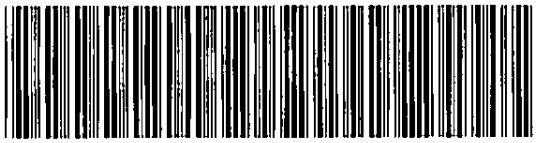

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S. CHATHAM

OCT - 7 2025

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2025 OCT -6 AM 10:18

SECRETARY OF STATE
TALLAHASSEE, FL

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallhassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE :

AUTHORIZATION :

COST LIMIT : $ 25.00

ORDER DATE : 10/6

ORDER TIME :

ORDER NO. : 610932

CUSTOMER NO:

CHANGE OF AGENT

NAME:

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
__ __ PLAIN STAMPED COPY

CONTACT PERSON:

EXAMINER'S INITIALS: _____

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: 6910 MIDNIGHT PASS LLC

2. (a) 1144 Tallevast Road Suite 109-110
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

SARASOTA, FL 34243

(b) 1144 Tallevast Road Suite 109-110
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

SARASOTA, FL 34243

3. 01/06/2017
Date of filing/registration in Florida

4. L17000005684
Document number

5. (a) NRAI 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)*
1200 S. Pine Island Road

Plantation, FL 33324

(b)
Enter name of NEW Registered Agent and/or NEW Registered Office address:

Corporation Service Company

NEW Registered Office Address:
1201 Hays Street

Tallahassee, FL 32301

2025 OCT -6 AM 10:18

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.

/S/ C.H. Waterman
Signature of a member or authorized representative of a member

C.H. Waterman , Authorized Signer
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.

/S/ Grace E. Kirby
Signature of Registered Agent

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

INHS18 (2/14)