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To: 18506176383

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Fax: 8134365206



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To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : REGISTERED AGENTS INC. Account Number : I2009000081 Phone : (307)200-2803 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.** -[]] 5:51 යටිිලිEmail Address:___ LLC REGISTERED AGENT CHANGE 15 12821 FWD247 LLC Certificate of Status 0 Certified Copy 0 02 Page Count Estimated Charge \$25.00

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To: 18506176383

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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. Na	ame of the limited liability company: <u>FWD2</u>	47, LLC		
2. (a)		(b)		
	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	y':	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	12116 SW 82 Pl	,	12116 SW 82 Pl	
	Miami, FL 33156	N	Miami, FL 33156	
	04/06/17	I	17000077588	
3.	Date of filing/registration in Florida	<u></u>	Document number	
5. (a)	Registered Agent and Registered Office shown on the record	ds of the Florida D	ept. of State:	
	13101 SW 81 AVE			
	Registered Office Address (MUST BE FLORIDA STRI	<u>EET ADDRESS)</u>		
	PINECREST	, _{FL} 33156	22 22	
(b)	Northwest Registered Ager	nt LLC		
(0)	Enter name of NEW Registered Agent and/or NEW Registered Agent		<u></u>	
	7901 4th St N			
	NEW Registered Office Address:		ਨਾ	
	STE 300			
	St. Petersburg	_, _{FL} 33702		
the cha agent v was/wi the arti	will be identical. Or, in the case of a Florida limite ere authorized by an affirmative vote of the memb icles of organization or the operating agreement of	ss of the registe ed liability com ers of the limite f the limited lial	red office and the business office of the registered pany, it is hereby confirmed that the change(s) ed liability company or as otherwise provided in bility company.	
<u>ACT SMAT</u> Signature of a member of authorized representative of a member			Smith Printed or typed name of signce	
I here provisi the obl to mer		d agree to act in plete performan wided for in Ch ss, I hereby con	this capacity. I further agree to comply with the ce of my duties, and I am familiar with and accept apter 605, F.S. Or, if this document is being filed firm that the limited liability company has been	

Taylor Newman - Assistant Secretary
Signature of Registered Agent

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