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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

\*\*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 SERENDIPITY HOMES, LLC

Certificate of Status	0
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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

Floride	a.			450 110	
I. Na	nme of the limited liability company: SERENL	DIPH	Y HOM	MES, LLC	
2. (a)	5005 W LAUREL ST	(	(b) 5005 W LAUREL ST		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	SUITE 99		SUITE 99		
	TAMPA, FL 33607		TAMPA. FL 33607		
	10/11/2017		L17000210690		
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)	EDWIN B KAGAN				
D. (ii)	Registered Agent and Registered Office shown on the records o	f the Flori	da Dept. of State	::	
	5005 W LAUREL ST				
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			-	
	SUITE 99				
	TAMPA	, 3360	33607		
		1	· <b>-</b>	- 189 	
(b)	Registered Agents Inc.			<del></del>	
(11)	Enter name of NEW Registered Agent and/or NEW Registered Office address:		- 13 13		
	7001 4th Ct N			in the second	
	7901 4th St N			_	
	NEW Registered Office Address:			$\sim$	
	STE 300		<b></b>	7	
	St. Petersburg	_3370	)2		
the chragent was/w the art Sign:  I here provis the obto mer	limited liability company is not organized under the lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited tere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the attraction of a member of a member or authorized representative of a member are accept the appointment as registered agent and a diagrations of my position as registered agent as provided in completely reflect a change in the registered office address, and in criting of this change.	of the reliability of the limited Relimited Re	company, it is imited liability diability con iley Park  iley Park  ict in this cap	e and the business office of the registered shereby confirmed that the change(s) y company or as otherwise provided in a pany.  Primed or typed name of signee bacity. I further agree to comply with the duties, and I am familiar with and accept 5 F.S. Or if this document is being filed	

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

- Assistant Secretary

Bill Havre

Signature of Registered Agent