

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H240002028913)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GERALD WEINBERG, P.C.

Account Number : 120030000043 Phone

: (800)342-9856

Fax Number

: (800)354-3381

\*\*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 LTG SPORTS TURF ONE LLC

	40 50 50 50 50 50 50 50 50 50 50 50 50 50	Certificate of Status
Ċ	5 (20) = (30)	Certified Copy Page Count
	O 4/4/2	Estimated Charge
	MIST.	

0 02 \$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

K. SALY

JUN 1 1 2024

## 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: LTG SPORTS	S TURF (	ONE LLO	<b>-</b>		···		
2. (a)	2240 W. WOOT.BRIGHT ROAD  Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(b) 105 SWEENEYDALE AVE  Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)						
	SUITE 411							
	BOYNTON BEACH, FL 33426		<u>B</u> P	Y SHOP	RE, NY 1	1706		_
3.		<b></b> 4.		.700021 Do	3936 ocument nun	nber		
5. (a)	INCORPORATING SERVICES, LTD.							
.,	Registered Agent and Registered Office shown on the record 1540 GLENWAY DRIVE			t. of State:				
	Registered Office Address (MUST BE FLORIDA STRE	BT ADDE	(ESS)					
	TALLAHASSEE	FL <sup>3230</sup>	)1			TALL	2024 JUN 10 PM 1: 48	7
(b)	INCORPORATING SERVICES, LTD.					A.C.	Ē	
(4)	Enter name of NEW Registered Agent and/or NEW Register	<del></del>		SSI	0	777		
	1540 GLENWAY DRIVE					LLAHASSEE, FLORIDA	PH 1:	,
	NEW Registered Office Address:					JAID:	18	
	TALLAHASSEE	FL <sup>3230</sup>	1					
change agent w was/we	mited liability company is not organized under the or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the membeoles of organization or the operating agreement of	the regis d liability rs of the	itered of y compa limited	fice and th ny, it is he liability co	e business o creby confirm ompany or a	office of the r ned that the o	egistered	
	MICHAEL RYAN	]	MICHAE	L RYAN				
-	ure of a member or authorized representative of a member	_			inted or typed r	•		
provisio The obli To mere	ny accept the appointment as registered agent and ions of all statutes relative to the proper and compligations of my position as registered agent as provily reflect a change in the registered office address in writing of this change.	agree to ele perfo ided for , I hereb	act in the rmance in Chap y confiri	nis capacit of my duti ter 605, F. on that the	y. I further ( les, and I am S. Or, if thi, limited liabi	agree to com familiar with s document is lity company	ply with to h and acco s being fil- has been	he ept ed
	MELISSA MOREAU							
orgnatur	e of Registered Agent							

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