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; ; ,- CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

	ACCOUNT NO.	:	I20000001	95		
	REFERENCE	:	590283	7647760		
	AUTHORIZATION	:	Souls			
	COST LIMIT	:	\$ 25.00	ena.		
ORDER DATE	: April 5, 2022					
ORDER TIME	: 2:10 PM					
ORDER NO.	: 590283-004					
CUSTOMER NO	D: 7647760					
	· - •		-	• • • • • • • • • • • • • • • • • • •		
CHANGE OF AGENT						
IMAN	E: AMERICA II GR	lOUP ,	, LLC			
PLEASE RETU	JRN THE FOLLOWING AS	PRO	OOF OF FILI	NG:		
	RTIFIED COPY					
XXPLA	AIN STAMPED COPY					

EXAMINER:

CONTACT PERSON: Eyliena Baker -- EXT#

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. N	Name of the limited liability company: AMERICA II GR	OUP,	LLC		
2. (a)	2500 118TH AVE N		(b)	2500.1	18TH AVE N
(Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	ST.PETERSBURG, FL 33716	_		ST.PET	ERSBURG, FL 33716
	10/25/2017	_	L	.170002	21595
 (a) 	Date of filing/registration in Florida BARB, AMY	4.			Document number
J. (L	Registered Agent and Registered Office shown on the records of to 2510 118TH AVE N Registered Office Address (MUST BE FLORIDA STREET A			Dept. of S	2022 App.
	ST. PETERSBURG FL.	3371	6		—
	Enter name of NEW Registered Agent and/or NEW Registered Corporation Service Company NEW Registered Office Address: 1201 Hays Street	Office	add	ress:	— <u> </u>
	Tallahassee , FL	3230	1		
chang agent was/v	limited liability company is not organized under the law ge or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia were authorized by an affirmative vote of the members o ticles of organization or the operating agreement of the	s of t regist bility f the l	he S ered con limit	l office a ipany, it ed liabil	and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in
	ature of a member or authorized representative of a member	J	ill Ci	lmi, Aut	norized Person
Sign	nature of a member or authorized representative of a member				Printed or typed name of signee
provit the ob- to me notific	eby accept the appointment as registered agent and agrossions of all statutes relative to the proper and complete poligations of my position as registered agent as provided rely reflect a change in the registered office address. I head in writing of this change. Lace Complete the change in the registered office address. I head in writing of this change.	ee to c perfor l for ii ereby	act is mar n Cl r con	n this ca ice of m iapter bl girm tha	pacity. I further agree to comply with the duties, and I am familiar with and accept 35, F.S. Or, if this document is being filed the limited liability company has been
	ture of Registered Agent \(\times\) E. Kirby, Asst. Vice President of Corporation Service Company				
CHACL	Division of Corporations P.O. E	30x 63	327	Tallah	assee, FL 32314

FILING FEE: \$25.00

INHS18 (2/14)