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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

: (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. **

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6/5/2024 11:43:18 PQT To: 18506176383 Page: 2/2 Fax: 8134365206

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.

١.	Na	me of the limited liability company:	10081		
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (1	o)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
,			-		
		07/18/18		L1800017	3164
3.		Date of filing/registration in Florida	4.		Document number
5. (a) (b)	(a)	ZETTERLUND, LEIF			
	,	Registered Agent and Registered Office shown on the records of the 1437 DISSTON AVE	ate: YAL		
		Registered Office Address (MUST BE FLORIDA STREET AD	FILED RALLAHASSEELTLORID		
		CLERMONT, FL	ED PH 1: 45 SEE: FLORID		
	b)	Registered Agents Inc	: 45		
	Enter name of NEW Registered Agent and/or NEW Registered O	ffice ad	ldress:		
	7901 4th St N	_			
		NEW Registered Office Address:			
		STE 300			
		St. Petersburg , FL 3.	3702		
the ager was the	cha nt w /we arti	mited liability company is not organized under the laws ngc or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the line of	ne regi ility co the lin	stered offi ompany, it nited liabi	ice and the business office of the registered is hereby confirmed that the change(s) lity company or as otherwise provided in
		Reduction Justicity use of a member or authorized representative of a member	Rob	oin Jones	
I he pro the to n noti	erel visi obli iere fico	we of a member or authorized representative of a member by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete page gations of my position as registered agent as provided by reflect a change in the registered office address. I he in writing of this change. Dail Dails David Roberts - Assistant Sector Registered Agent	erform for in reby c	t in this co nance of m Chapter 6 confirm the	Printed or typed name of signee spacity. I further agree to comply with the y duties, and I am familiar with and accept 05, F.S. Or, if this document is being filed at the limited liability company has been