## Florida Department of State

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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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## LLC REGISTERED AGENT CHANGE SELLER'S BAY, LLC

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NOV 28 2023 K. Brumbley

## 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	ame of the limited liability company:					
2. (a)		(b	<b>)</b>			
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_		Mailing address of limi (Note: MAY BE PO	ited liability company:	
	07/24/18	_	L180001780	031		
3.	Date of filing/registration in Florida	- 4.		Document numbe	r	
5. (a)	Long, Robert Walter					
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:					
	656 BIRGHAM PL.					
	Registered Office Address (MUST BE FLORIDA STREET)	-				
	LAKE MARY FL	32746		-		
(b)	Northwest Registered Agent LLC	_		- - ,	2023 RIOV 27	
	Enter name of NEW Registered Agent and/or NEW Registered	Office ad	dress:		109	
	7901 4th St N			•	منبهد مساورت المساورت	
	NEW Registered Office Address:			-	PH 1	
	STE 300				. 23	
	,			=	24	
	St. Petersburg , FL	33702		_		
the cha agent was/w was/w the art Signa	timited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the hume of a member of authorized representative of a member.	the regis ability co if the lim limited l	stered office ompany, it is sited liability iability con Smith	e and the business of shereby confirmed by company or as of apany.  Pointed or typed name active. I further assistance.	office of the registered that the change(s) herwise provided in cof signee	
the ob to mer notifie	ions of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address. I l d in writing of this change.		Chaptér 605 onfirm that	5, F.S. Or, if this di the limited liability	ocument is heing filed company has been	
1/7	/ استدار Taylor Newman - Assistant Se	ecretary				

Signature of Registered Agent