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Division of Corporations

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From:

Account Name : CAPITOL CORPORATE SERVICES, INC.

Account Number : 120160000048 Phone : (800)345-4647 Fax Number : (800)432-3622

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## LLC REGISTERED AGENT CHANGE RUSHWAY, LLC

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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

í	5 P	3 .v	
Pursi subm Flori	its the following statement in order to ch	or 605.0116, Florida Statutes, the undersigned limited liability cominge its registered office or registered agent, or both, in the Statement LLC	pany ite of
	ame of the Limited Liability Company:	SHVVAT LLC	
2 (a	 ) <u>1614 SANTA BARBARA DRIVE</u>	(b) 1614 SANTA BARBARA DRIVE	
2. <b>(a</b>	Principal office address of limited liability (Note: MUST BE STREET ADDR)	company: Mailing address of limited liability company:	:
	DUNEDIN, FL 34698	DUNEDIN, FL 34698	<del></del>
	8/29/2018	L18000207108	
3.	Date of filing/registration in Flor	da 4. Document number	
5. (	ARMSTRONG, LEXA L Registered Agent and Registered Office shown on	he records of the Horida Dent, of State:	
		the records of the Fronties Dept. of Seed.	
	1614 SANTA BARBARA DRIVE Registered Office Address (MUST BE FLORI	DA STREET ADDRESS)	
	DUNEDIN		
a	o) Capitol Corporate Services, Inc.		T]
(1	Enter name of NEW Registered Agent and/or NE		<u> </u>
	515 East Park Avenue 2nd Fl		של
	NEW Registered Office Address:	9 25	
	Tallahassee	.FL 32301	
the cagen was/ the a	e limited liability company is not organized thange or changes are made, the Florida street will be identical. Or, in the case of a Floridace authorized by an affirmative vote of the criticles of organization or the operating agree	ander the laws of the State of Florida, it is hereby confirmed that aft taddress of the registered office and the business office of the registal limited liability company, it is hereby confirmed that the change members of the limited liability company or as otherwise provided ment of the limited liability company.	si <del>ere</del> a (s)
	Lyla L. Annitrong mature of a member or authorized opresentative of a r	Lexa L. Armstrong  Printed or typed name of signee	
I he prov the o	mature of a member or authorized Geneschalve of a treby accept the appointment as registered a visions of all statutes relative to the proper a bibligations of my position as registered agenerely reflect a change in the registered officified in writing of this change.	tent and agree to act in this capacity. I further agree to comply with a complete performance of my duties, and I am familiar with and a tas provided for in Chapter 605, F.S. Or, if this document is being a address, I hereby confirm that the limited liability company has be	h the accept filed sen
	Delanu Case ature of Registered Agent	Delanie Case, Assistant Secretary on	
Sign	ature of Registered Agent	behalf of Capitol Corporate Services, Inc.	
	Division of Corporat	ons P.O. Box 6327 Tallahassee, FL 32314	

FILING FEE: S25.00