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Office Use Only



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COVER LETTER

| TO: Registration Section Division of Corporations | |
|--|--|
| 7225 Bay Terrace, LLC SUBJECT: | |
| | nited Liability Company |
| Dear Sir or Madam: | |
| The enclosed Registered Agent/Registered Office Chang | ge and fee(s) are submitted for filing. |
| Please return all correspondence concerning this matter | to the following: |
| Kylie Conrad & Kayla King | |
| Name of Person | |
| Corp1, Inc. | |
| Firm/Company | |
| 7700 E Arapahoe Rd Ste 220 | |
| Address | |
| Centennial, CO 80112 | |
| City/State and Zip Code | |
| E-mail address: (to be used for future annual repor | t notification) |
| For further information concerning this matter, please ea | all: |
| Kylie Conrad 7 | 720 823-9273 |
| Name of Person | Area Code & Daytime Telephone Number |
| Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 |
| Enclosed is a check for the following amount | ; |
| ■ \$25 Filing Fee | ☐ \$55 Filing Fee & Certified Copy |
| | |

INHS18 (2/14)

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.

| L N | Same of the limited liability company: 7225 Bay Terrace | ,LLC | | | |
|----------------------------------|---|---|--|---|--|
| 2. (a) | 1315 BAY TERRACE | | (b) C/O 1801 N. MILITARY TRAIL | | |
| (, | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | _ | | Mailing address of limited liability company: **INOTE: MAY BE POST OFFICE BOX**) | |
| | NORTH BAY VILLAGE, FL 33441 | _ | BOCA RA | TON, FL 33431 | |
| | 09/20/2018 | | L180002239 | 062 | |
| 3. 5. (a | Date of filing/registration in Florida CORPORATION SERVICE COMPANY | 4. | | Document number | |
| J. (a | Registered Agent and Registered Office shown on the records of 1201 HAYS STREET | he Flor | ida Dept. of State | - :: | |
| | Registered Office Address (MUST BE FLORIDA STREET ADDRESS) | | | 2021 SE TAL | |
| | TALLAHASSEE, FL | 32301 | -2525 | 2024 APR- | |
| (b) | Registered Agents Inc | | | | |
| | Enter name of NEW Registered Agent and/or NEW Registered | Office | address: | | |
| | 7901 4th St N | | | AM 8: 18 | |
| | NEW Registered Office Address: | | | | |
| | Ste 300 | | | - | |
| | St. Petersburg, FL | 33702 | | - | |
| chang agent was/v | limited liability company is not organized under the lave or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liavere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the | registe bility f the l | ered office and company, it is imited liability | I the business office of the registered thereby confirmed that the change(s) we company or as otherwise provided in | |
| | OHN F. FARREY | | OHN F. FARRE | <u></u> | |
| I heroprovision the older to me. | nature of a member or authorized representative of a member why accept the appointment as registered agent and agr sions of all statutes relative to the proper and complete bligations of my position as registered agent as provided rely reflect a change in the registered office address, 11 ed in writing of this change. | ee to a perfor I for in pereby | nct in this cape mance of my e n Chapter 605 confirm that i | Printed or typed name of signee with the wity. I further agree to comply with the huties, and I am familiar with and accept F.S. Or, if this document is being filed the limited liability company has been | |
| /s/ D. | AVID ROBERTS | | | | |
| Signat | ture of Registered Agent | | | | |