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Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 12/09/2024	_	⇔WAL6	(IN**
ENTITY NAME 49 CC	DLLINS AVENUE PAR	RKING LLC	
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NUMBER OF CERTIFIC	ATES REQUESTEU		
TOTAL OWED \$25.00		ACCOUNT #: 120160000072	
		ERTH	
Please call Tina at	the above number for	r any issues or concerns. Thank you so much!	

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.

iling address of limited liability company: Note: MAY BE POST OFFICE BOX)
ocument number
2024 DEC
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da, it is hereby confirmed that after the he business office of the registered ereby confirmed that the change(s) company or as otherwise provided in any.
rinted or typed name of signee ity. I further agree to comply with the ties, and I am familiar with and accept is. Or, if this document is being filed I limited liability company has been
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