Division of Corporations

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : 120090000081 Phone

: {307)200-2803

Fax Number : {813}436-5205

**Enter the email address for this business entity to be used for future

annual report mailings. Enter only one email address please.** Email Address:_

LLC REGISTERED AGENT CHANGE SNOWBIRD RV REPAIR LLC

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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: SNOWBIRD	RV REPAIR LI	_C	
2. (a)		(b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	:	,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	11/15/18		_180002676	54
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	Thunem, Linda			
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:			: :
	305 Lake Doe Blvd			
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			
	Apopka	32702		
	h show	. FL <u>³²⁷⁰³</u>		> 2
(b)	Northwest Registered Agent LLC			262411.
()	Enter name of NEW Registered Agent and/or NEW Registe	ered Office add:	ress;	
		' '		20
	7901 4th St N			
	NEW Registered Office Address:			F1 P2 43
	STE 300			E :5
				ć.:
	St. Petersburg	33702 FL		
agent w was/wei	mited liability company is not organized under the nge or changes are made, the Florida street address ill be identical. Or, in the case of a Florida limited re authorized by an affirmative vote of the member these of organization or the operating agreement of the street of the member of the operating agreement of the operating agreement of the street of the stree	of the registed I liability con rs of the limit	ered office apany, it is ed liability ibility comp	and the business office of the registered hereby confirmed that the change(s)
Signati	ne of a member or authorized representative of a member			Printed or typed name of signee
I hereb provisió the oblig to merci	y accept the appointment as registered agent and a ns of all statutes relative to the proper and comple gations of my position as registered agent as provi by reflect a change in the registered office address, in writing of this change.	igree to act in the performan ded for in Ch I hereby con		
- / V~~	Taylor Newman - Assistant	Secretary		
Signature	of Registered Agent			