

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H240003040093)))



H2400030400934BCW

**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations Fax Number : (850)617-6383

From:

23

<u>а</u>

ې ۲

**NOM SEP** 

Account Name	:	REGISTERED AGENTS INC	
Account Number	:	I 2009000081	
Phone	:	(307)200-2803	
Fax Number		(813)436-5206	

Enter the email address for this business entity to be used for future Tannual report mailings. Enter only one email address please.\*\*

Email Address:\_

## LLC REGISTERED AGENT CHANGE LIFECAP FLORIDA 1 LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

· ··· · · · · · ·

Electronic Filing Menu-

Corporate Filing Menu

Help

1024 SEP - 6 PM 12:

Fax: 8134365206

2	ame of the limited liability company:	IDA 1 LLC	
!. (a)	Principal office address of limited liability company: ( <u>Note: MUST BE STREET ADDRESS</u> )	(D)	Mailing address of limited liability company: ( <u>Note: MAY BE POST OFFICE BOX</u> )
	11/29/2018	L1800	00277228
	Date of filing/registration in Florida	4,	Document number
<i>t</i>	NCORP SERVICES. INC.		
5. (a)	) Registered Agent and Registered Office shown on the records o	t the Florida Dept. (	of State.
	3458 LAKESHORE DRIVE		
	Registered Office Address <u>(MUST BE FLORIDA STREE</u>	ADDRESS)	
	TALLAHASSEE, [P	L. 32312	
(b)	Northwest Begistered Agent LEC	L_32312	202
(b)	Northwest Begistered Agent LEC		2024 55
(b)	Northwest Registered Agent LLC		2024 SEb - 6
(b)	Northwest Hegistered Agent LLC Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>		2024 SEb - 9 by 15: 3

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member of authorized representative of a member Nat Smith

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent	Taylor Newman	- Assistant Secretary
Signature of Registered Agent		

Division of Corporations• P.O. Box 6327• Tallahassee, FL 32314

Page, 2/2

9/6/2024 08·43.09 PBT - -

To: 18506176383