L19000088851

(Requestor's Name)
(Address)
(Áddress)
(City/State/Zip/Phone #)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Office Use Only

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY ۰. 4

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.

	me of the limited liability company:		5070 NW/ 1945 DI		
(a)	5970 NW 18th Pl. Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)) 5970 NW 18th Pl. Mailing address of limited liability cor (Note: MAY BE POST OFFICE B		
	Ocala, Florida 34482		Ocala, Florida 34482		
	04/03/2019		L19000088851	<u>_</u>	
	Date of filing/registration in Florida	4	Document number		
(a)	UHRIK, SARAH E., ESQ.				
(a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:				
	Registered Office Address (MUST BE FLORIDA STR	2023			
	1028 Lake Sumter Landing			5.00	
	The Villages	. FL ³²⁶¹²	CT		
b)	The Villages GUILFOIL, PAUL J., ESQ.	FL	2023 OCT - 4 PH	در ۲۳۰۰۰ ۲۹۰۰۰ ۲۹۰۰۰ ۲۰۰۰ ۲۰	
b)		_, FL		۲۰۰ ۲۰۰۳ ۱۹۰۳ ۱۹۰۳ ۱۹۰۳ ۱۹۰۳	
(b)	GUILFOIL, PAUL J., ESQ.	_, FL		2 - m 2 - m - - - - - - - - - - - - - - - - - -	
(b)	GUILFOIL, PAUL J., ESQ. Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Regis</u>	_, FL		1	

rinted 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.

> Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 **FILING FEE: \$25.00**

Signature of Registered .

Signature of a member or authorized representative of a member

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