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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: REGISTERED AGENTS INC.

Account Number : I20090000081

Phone Fax Number

: (307)200-2803 : (855)330-1010

/ 5 **Ent ₩	ter the email address for this business entity to be used for factoring annual report mailings. Enter only one email address please.**	uture *	
<u>r</u>	Email Address:	<u> </u>	_

LLC REGISTERED AGENT CHANGE SOUTH WILLOW AVE LLC

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\$25.00

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Corporate Filing Menu

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.

i iorida 1 Na		low Ave LL	_C
	5823 OSCEOLA RD.	_(b) 5823 C	SCEOLA RD.
z. (a) _.	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	BETHESDA, MD 20816	BETHES	SDA, MD 20816
	04/17/19	L190000	098877
3.	Date of filing/registration in Florida	4.	Document number
5 ()	C T CORPORATION SYSTEM		
5. (a)	Registered Agent and Registered Office shown on the records of the	he Florida Dept. of Stat	e:
	1200 SOUTH PINE ISLAND ROAD		
	Registered Office Address (MUST BE FLORIDA STREET A	(DDRESS)	2020 APR
	Plantation , FL	33324	_
(b)	Registered Agents Inc.		PH12: 47
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> 7901 4th St N	Onice address.	4.7
	NEW Registered Office Address:		_
	STE 300		_
	St. PetersburgFL	33702	_
the chagent was/w	imited liability company is not organized under the lay ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited likere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	ability company, it of the limited liability	is hereby confirmed that the change(s) ity company or as otherwise provided in impany.
	nture of a member or authorized representative of a member		Printed or typed name of signee
provis the ob- to mei	by accept the appointment as registered agent and aging ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide rely reflect a change in the registered office address, I are writing of this change.	ed for in Chapter 60 hereby confirm tha	pacity. I further agree to comply will the y duties, and I am familiar with and accep 35, F.S. Or, if this document is being filed it the limited liability company has been
	Bill Havre - Assistan	nt Secretary	

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