7/14/2020

Division of Corporations

Florida Departs ent of State Division of Gorporations Elegente Filing Cover Sheet

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To:

Division of Corporations

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From:

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Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

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

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JUL 20 2020

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. Na	ame of the limited liability company:	С		
2. (a)	3355 East Spring Street. Suite 300	(b)		
2. (4)	Principal office address of limited hability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	Long Beach, CA 90806			
	######################################			
	8/9/2019	L1900	0203173	
3.	Date of filing/registration in Florida		Document number	
5. (a)	Corporate Creations Network Inc			
(u)	Registered Agent and Registered Office shown on the records of	the Florida Dept. (of State:	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 801 Us Highway 1		~	
	North Palm Beach , FL	33408	2020 JUL 14 SEGRE ARK	
(b)	C T Corporation System			
	Enter name of NEW Registered Agent and/or NEW Registered Office address:		L AMIO: 29 RY OF STATE ASSEE, FL	
	NFW Registered Office Address:	 ;		
	1200 South Pine Island Road		ानं ७ 	
	Plantation, FL	33324		
the cha agent was/w the art Signa I here provise the object of mer notifies	imited liability company is not organized under the lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the language of a member of authorized representative of a member by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provide only reflect a change in the registered office address, I d in writing of this change. C T Corporation System	the registered ability compan of the limited li	office and the business office of the registered y, it is hereby confirmed that the change(s) ability company or as otherwise provided in y company. Proceed or typed name of signee Securative. I further agree to comply with the	