5/16/23, 2:39 PM

Division of Corporations

## Florida Department of S

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : URS AGENTS LLC Account Number : I20150000127 Phone : (800)567-4397 Fax Number : (800)567-4398

\*\*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 ANACAPA FL, LLC

| Certificate of Status | 0       |
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## COVER LETTER

| TO: Registration Section Division of Corporations  |  |  |  |  |
|--|--|--|--|--|
| ·  |  |  |  |  |
| WBJECT:  Name of Limited Liability Company   |  |  |  |  |
| Name of t  | линеа Епонну Сотрану   |  |  |  |
| Dear Sir or Madam:   |  |  |  |  |
| The enclosed Registered Agent/Registered Office Ch   | ange and fec(s) are submitted for filing.  |  |  |  |
| Please return all correspondence concerning this matter  | er to the following:   |  |  |  |
| Mary Giberson  |  |  |  |  |
| Name of Person   | *** **   |  |  |  |
| Anacapa FL, LLC  |  |  |  |  |
| Firm/Company   | n- <del></del>   |  |  |  |
| 2990 Martin Luther King Jr. Blvd.  |  |  |  |  |
| Address  | <del></del>  |  |  |  |
| Lynwood, CA 90262  |  |  |  |  |
| City/State and Zip Code  | mm quad Table 17 Produkt 0 1777 t-   |  |  |  |
| marygiberson@moxie710.com  |  |  |  |  |
| E-mail address: (to be used for future annual re   | port notification)   |  |  |  |
| For further information concerning this matter, please   | : call:  |  |  |  |
| URS AGENTS C/O LAUREN JOHNSON  | 800 567397   |  |  |  |
| Name of Person   | Area Code & Daytime Telephone Number   |  |  |  |
| Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314 | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 |  |  |  |
| Enclosed is a check for the following amou   | int:   |  |  |  |
| ☑ \$25 Filing Fee  | S55 Filing Fee & Certified Copy  |  |  |  |
| INHS18 (2/14)  |  |  |  |  |

To:

## 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.

| . N                                     | ame of the limited liability company: Anacapa FL, LL  |  |  |
|---|---|--|--|
| (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)   |
|   | 2990 Martin Luther King Jr. Blvd.   | 2990 Man   | tin Luther King Jr. Blvd.  |
|   | Lynwood, CA 90262   | Lyrwood  | . CA 90262   |
| ٠                                       | 8-9-2019  | 1.19000203   |  |
|   | Date of filing/registration in Florida  | 4.   | Document number  |
| (a)                                     |   |  |  |
| (4)                                     | Registered Agent and Registered Office shown on the records o   | f the Florida Dept. of Sta   | te:  |
|   | CT Corporation System   |  |  |
|   | Registered Office Address (MUST RE FLORIDA STREET   | ADDRESS)   |  |
|   | 1200 South Pine Island Road   |  |  |
|   | Plantation  |  | <del>-</del>   |
|   | Plantation F  | L  | _  |
|   |   |  | 2023 HAY 1 6   |
| (b)                                     | Enter name of NEW Registered Agent and/or NEW Registere   | d Office address   |  |
|   |   |  | <u> </u>   |
|   | URS Agents, LLC   |  |  |
|   | NEW Registered Office Address:  |  | -<br>-   |
|   | 3458 Lakeshore Drive  |  | ຕົ   |
|   |   |  | -<br>39  |
|   | Taliahessee , F   | 32312  |  |
|   |   |  | _  |
| ange<br>ent v<br>is/w                   | imited liability company is not organized under the last or charges are made, the Florida street address of the will be identical. Or, in the case of a Florida limited letter authorized by an affirmative vote of the members icles of organization or the operating agreement of the | e registered office ar<br>iability company, it i<br>of the limited liabili | id the business office of the registered<br>is hereby confirmed that the change(s)<br>ty company or as otherwise provided in |
| Signa                                   | ture of a Fember of authorized representative of a member   | ***************************************                                    | Printed or typed name of signer  |
| ovis<br>e obi<br>mer                    | by accept the appointment as registered agent and agions of all statutes relative to the proper and completing tigations of my position as registered agent as providely reflect a change in the registered office address, I d'in writing of this change.                              | e nartormance of BN:   | duties, and Lam Januliar with and acce   |
| √ <u>°</u> u                            | MUNICIPAL Lauren Johnson, Asst Secretary  |  |  |
| provis<br>the obli<br>to mer<br>notifie | ions of all statutes relative to the proper and complete<br>ligations of my position as registered agent as provid<br>ely reflezi a change in the registered office address. I<br>d'in writing of this change.  | e nartormance of BN:   | duties and Lam Januliar  |