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(((H19000297474 3)))



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Division of Corporations

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## LLC REGISTERED AGENT CHANGE FLORISE, LLC

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Corporate Filing Menu

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## Fax Audit H190000974743

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOF LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability compansulmits the following statement in order to change its registered office or registered agent, or both, in the State c Florida.

t. Na	ame of the limited liability company: FLORISE, LI	LC		
2. (a)	1219 52nd Street	<u>(</u> ъ)	2234 N. F	ederal Hwy #2036
	Principal office address of firmhad fiability company:  (Note: MUST BE STREET ADDRESS)		Mic	ing address of limited liability company: Note: MAT HE POST OFFICE ROX
	Mangonia Park, Florida 33407			en, FL 33431
		<u> </u>		
	8/26/2019		L1 <b>9000</b> 2123	43
3.	Date of filing/registration in Florida	4.	D	ocument number
	ADITHODDAH DARREN			
6. (a)	Registered Agent and Registered Office shown on the records o	f the Florida l	Oupt. of State:	
	3473 PINE HAVEN CIR.		•	
	Registered Office Address MUST BE FLORIDA STREET	ADDRESSI		
				; •
	BOCA RATON , F	L_33431	<del>_</del>	i
<b>(b)</b>	Business Filings Incorporated			. •
	Enter name of NEW Registered Agent and/or NEW Registers	d Office add	255	
	1200 South Pine Island Road			
	NEW Registered Office Address:		·	
	Plantation	TL 33324		
	- Figure 600	L		
the ch agent	limited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the memberaticles of organization or the operating agreement of the	of the regist liability con of the limi he limited li	ered office in spany, it is let ted liability ability compared Arithopa	the obsides of the of the observes, bereby confirmed that the change(s) company or as otherwise provided in sany.  Seh, Member of FLORIDA SUNRISE
Sign	struct of a member or sumorized representative of a member			Printed or typed name of algues
I hero provid the ob- to men	eby accept the appointment as registered agent and a sions of all statutes relative to the proper and comple digations of my position as registered agent as provide rely reflect a change in the registered office address, and in writing of this change.	igree to act le performa ded for in C I hereby ca	in this capa nce of my di hapter 605, nfirm that it	city. I further agree to comply with thes, and I om familiar with and acc F.S. Or, if this document is being fit we limited liability company has been
	1 del			
SQUAR	Mark Williams, AVP, Busin			
	Division of Corporations P.O	). Box 6327 FEE: \$25.	o Tallaboss No	Ct, FL 34314
	FILLING			

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