Florida Department of State Division of Comorations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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LLC REGISTERED AGENT CHANGE THE 12 NAMES, LLC

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C. BRUMBLEY

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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

(a) Program of the soldiers	of limited liability company:	(t))	ig address of limited liab	11111111111	
•	STREET ADDRESS)		(Note: MAY BE, POST OF FICE BOX)			
7901 4th St N STI	E 300		7901 4th St N STE 300			
St. Petersburg FL	33702		St. Petersburg FL 33702			
08/22/2019			L190002	15475		
Date of filing/reg	istration in Florida	4.	Doc	rument number		
(a) ALPER TRUSTEE	S, LLC					
Registered Agent and Registere	d Office shown on the record	s of the Florida	a Dept. of State:			
255 PRIMERA BL	VD - STE. 160			₩. -11-	20	
Registered Office Address <u>L</u>	MUST BE FLORIDA STRE	ET ADDRESS	<u>0</u>	ORE LA	2022 DEC	Ţ
LAKE MARY		_{FL} 32746	 5	ARY OF BASSEE	8-	FILE
Northwest Reg	istered Agen	t LLC		EE, 17	PH 5:	D
Enter name of NEW Registered	I Agent and/or NEW Registe	ered Office ad	dress:		29	
7901 4th St N						
NEW Registered Office Addre	N:		***************************************			
STE 300						
St. Petersburg	J	FL_33702	2			
the limited liability company is change or changes are made, the ent will be identical. Or, in the saffirm articles of organization or the	he Florida street address case of a Florida limite ative vote of the membe	s of the regi d liability co rs of the lin	stered office and ompany, it is her uited liability cor	I the business office why confirmed that t inpany or as otherwis	of the i he chai	registeret nge(s)
				•		
Signature of a member of authorized re	•	MC	organ Noble			

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 marified in writing of this change.

Tom Glover - Assistant Secretary

Signature of Registered Agent