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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (307)200-2803 Phone Fax Number : (813)436-5206

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Fmail	Address:	

LLC REGISTERED AGENT CHANGE FIRST CHOICE REAL ESTATE INVESTOR LLC

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APR O 4 2024 K. Brumbley 4/3/2024 12:30-13 PDT 4 To: 18506176383 Page 2/2 Fax: 8134365206

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 Standes, 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. 8	iame of the limited liability company. FIRST CHOICE RE	EAL ESTATE INV 	ESTOR LLC
2. (a	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
3.	08/29/19 Date of filing/registration in Florida	L190002	221085 Document number
٥.	. UNITED STATES CORPORATION AGENTS. INC.		
5. (a	Registered Agent and Registered Office shown on the records of the	State	
	476 RIVERSIDE AVE.		
	Registered Office Address (MUST BE FLORIDA STREET A		
	JACKSONVILLE . FL	32202	
(b		2024 APR -3	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u>	PR	
	7901 4th St N	'	
	NEW Registered Office Address:	— PH	
	STE 300		లు —
	St. Petersburg	33702	
the clagent was/vithe at	limited liability company is not organized under the law nange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia were authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the limited in the limited of a member of authorized representative of a member of a member of authorized representative o	the registered of bility company, if the limited liab limited liability Robin Jones	Thee and the business office of the registered it is hereby confirmed that the change(s) bility company or as otherwise provided in company. Printed or typed name of signee
provi the o to me	sions of all statutes relative to the proper and complete poligations of my position as registered agent as provided rely reflect a change in the registered office address. I have a complete points of this change. Dang Complete David Roberts - Assistant Se	performance of I for in Chapter terchy confirm t	my duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed hat the limited liability company has been
Signa	ture of Registered Agent	,	