Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000146708 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

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

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

Email	Addr	ess	:
-------	------	-----	---

LLC REGISTERED AGENT CHANGE **SLIGHT EAST LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

APR 2 4 2024

K. Brumbley

4/22/2024 14:25:18 PI∲T → 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 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.

I. Na	ame of the limited liability company:		
2. (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)
	09/09/19		0227355
3.	Date of filing/registration in Florida	4.	Document number
e (.)	Smith, Terrell		
5. (a)	Registered Agent and Registered Office shown on the records of t		
	3545 St. Johns Bluff Rd S.		
	Registered Office Address [MUST BE FLORIDA STREET :	(DDRESS)	
	Ste 332		
	JACKSONVILLÉ EL	32224	
	, FL		20
(b)	Northwest Registered Agent LLC		2024 628 2
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office address:	
	7901 4th St N		∾ ω
	NEW Registered Office Address		 = = = = = = = = = = = = = = = = = =
	STE 300		S. S
	St. Petersburg	33702	
the cha agent vi was/wa the arti	imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lize ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the registered ability compan of the limited li	office and the business office of the registered by, it is hereby confirmed that the change(s) liability company or as otherwise provided in
	ture of a member or authorized representative of a member		Printed or typed name of signee
I here provisi the obt to mero notified	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 provided by reflect a change in the registered office address, I lid in writing of this change.	performance of d för in Chapte hereby confirn	is canacity. I further agree to comply with the
_ / !	Taylor Newman - Assistant Se	ecretary	