M9000247952

| (Requestor's Name) | | | | |
|---|--------------------|-----------|--|--|
| | | | | |
| (Address) | | | | |
| | | | | |
| (Address) | | | | |
| (Cit | ry/State/Zip/Phone | · #) | | |
| | | | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| | | | | |
| (Bu | siness Entity Nam | ne) | | |
| | | | | |
| (120 | cument Number) | | | |
| Certified Copies | Certificates | of Status | | |
| | | | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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SECRETARY OF STATE OF CORPORATIONS

OCT 1.5 JOIL

COVER LETTER

TO:

INHS18 (2/14)

Registration Section

| Divis | sion of Corporations | | | | | |
|----------------|---|-----------------------|---|--|--|--|
| SUBJECT: | JBJECT: 1st Class Properties LLC Name of Limited Liability Company | | | | | |
| | | | | | | |
| Dear Sir or M | Aadam: | | | | | |
| The enclosed | Registered Agent/Registere | d Office Change ar | nd fee(s) are submitted for filing. | | | |
| Please return | all correspondence concerni | ing this matter to th | e following: | | | |
| Melissa Jo | nes | | | | | |
| | Name of Person | | | | | |
| ZenBusiness : | Inc. | | | | | |
| | Firm/Company | | , | | | |
| 336 E. Colleg | e Ave. Suite 301 | | | | | |
| | Address | | | | | |
| Tallahassee, I | FL 32301 | | | | | |
| | City/State and Zip C | ode | | | | |
| ra@zenbusine | ess.com | | | | | |
| E-mail | address: (to be used for fixture | re annual report not | tification) | | | |
| For further in | nformation concerning this m | natter, please call: | | | | |
| Melissa J | ones | 844 at (| 493-6249 | | | |
| | Name of Person | | Area Code & Daytime Telephone Number | | | |
| <u>Mai</u> | ling Address: | | Street Address: | | | |
| _ | istration Section | | Registration Section | | | |
| | sion of Corporations | | Division of Corporations | | | |
| | Box 6327 | | The Centre of Tallahassee | | | |
| Lali | ahassee. FL 32314 | | 2415 N. Monroe Street. Suite 810 Tallahassee, FL 32303 | | | |
| Encl | iosed is a check for the follo | owing amount: | | | | |
| □ s: | 25 Filing Fee | | ☐ \$55 Filing Fee & Certified Copy | | | |

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.

| 1. N a | ame of the limited liability company: 1st Class | Prop | perties L | LC | |
|---|--|---|--|---|--|
| 2. (a) | 5637 MERCADO DR | | _(b) 5637 MERCADO DR | | |
| 2. (a) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | _ ' | · / | Aziling address of limited liability company: (Note: MAY BE POST OFFICE BOX) | |
| | PORT RICHEY, FL 34668 | _ | PORT | RICHEY, FL 34668 | |
| | | _ | | | |
| | 10/02/2019 | | L19000 |)247952 | |
| 3. | Date of filing/registration in Florida | 4. |] | Document number | |
| 5. (a) | Registered Agents Inc. | | | | |
| , | Registered Agent and Registered Office shown on the records of t | he Florid | la Dept. of State | : | |
| | 7901 4th St N | | | | |
| | Registered Office Address (MUST BE FLORIDA STREET. | DDRES | ফা | | |
| | STE 300 | | | | |
| | St. Petersburg , FL | 33702 | | | |
| (b) | ZenBusiness Inc | | | | |
| (-) | Enter name of NEW Registered Agent and/or NEW Registered Office address: | | | | |
| | 336 E. College Ave. | | | | |
| | NEW Registered Office Address: | | | | |
| | Suite 301 | | | | |
| | Tallahassee, FL | 32301 | | | |
| If the l | imited liability company is not organized under the law | s of the | e State of Flor | rida it is hereby confirmed that after the | |
| change agent v was/we | or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liaere authorized by an affirmative vote of the members o | register bility co f the lin | red office and ompany, it is nited liability | the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in | |
| | icles of organization or the operating agreement of the index of the i | | hability comp hn Stawa | | |
| | ture of a member or authorized representative of a member | <u> </u> | | Printed or typed name of signee | |
| I here provisi the obi to mer notifie | 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 ely reflect a change in the registered office address, I have been address, I have been address and the complete with the change. | ee to ac perforn I for in vereby c | et in this cana | city. I further corrects comply with the | |
| االقنتزورد | re of Registered Agent | | | | |