CAPITOL SERVICES



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To:			
	Division of Co	rporations	
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From:		: CAPITOL CORPORATE SERVICES, INC.	
	Account Name	: CAPITOL CORPORATE SERVICES, INC.	
	Account Number	: 120160000048	
	Phone	: (800)345-4647	
	Fax Number	: (800)432-3622	Ą
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Ibrita the following statement in order to change its r lorida. Name of the Limited Liability Company:	PAULOWNIA G	ROWERSLLC	
(a) <u>1149 PERIWINKLE WAY</u>	(b) <u>1149 (</u>	PERIWINKLE WA	
Principal office address of limited liability company: (<u>Note: MUST BE STREET ADDRESS</u>)		Mailing address of limite (Note: MAY BE POS	
UNIT 1		1	
SANIBEL, FL 33957	SANIE	BEL, FL 33957	
10/7/2019	<u>L1900</u>	0252091	
Date of filing/registration in Florida	4.	Document number	202 St
(a) SPENSERV, INC.			2024 FI SECH
Registered Agent and Registered Office shown on the records of	of the Florida Dept. of St	tate.	E
201 NORTH FRANKLIN STREET			AHA
Registered Office Address (MUST BE FLORIDA STREE	TADDRESS)		AS A
STE 2150			AMIO: II
T414D4			
(b) Capitol Corporate Services, Inc. Enter nume of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	2 33602-5627		
(b) Capitol Corporate Services, Inc.			
(b) <u>Capitol Corporate Services, Inc.</u> Enter name of <u>NEW Registered Agent and/or NEW Registered</u> 515 East Park Avenue 2nd Fl			
(b) <u>Capitol Corporate Services, Inc.</u> Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> 515 East Park Avenue 2nd Fl <u>NEW</u> Registered Office Address:			
(b) <u>Capitol Corporate Services, Inc.</u> Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> 515 East Park Avenue 2nd Fl <u>NEW</u> Registered Office Address:	rd Office address: FL_32301 aws of the State of F of the registered offi liability company, it of the limited liabil	ice and the business of t is hereby confirmed t lity company or as othe ompany.	nfirmed that after ffice of the registered that the change(s)
(b) <u>Capitol Corporate Services, Inc.</u> Enter name of <u>NEW Registered Agent and/or NEW Registered</u> <u>515 East Park Avenue 2nd Fl</u> <u>NEW Registered Office Address:</u> <u>Tallahassee</u> , F the limited liability company is not organized under the L e change or changes are made, the Florida street address of ent will be identical. Or, in the case of a Florida limited as/were authorized by an affirmative vote of the members c articles of organization or the operating agreement of the	TL 32301 aws of the State of F of the registered offi liability company, it of the limited liabil ic limited liability co	ice and the business of t is hereby confirmed t lity company or as othe ompany.	nfirmed that after ffice of the registered that the change(s) erwise provided in
(b) <u>Capitol Corporate Services, Inc.</u> Enter nume of <u>NEW Registered Agent and/or NEW Registered</u> <u>515 East Park Avenue 2nd Fl</u> <u>NEW Registered Office Address:</u> <u>Tallahassee</u> , F the limited liability company is not organized under the L e change or changes are made, the Florida street address of ent will be identical. Or, in the case of a Florida limited as/were authorized by an affirmative vote of the members c articles of organization or the operating agreement of the <i>LLJ</i> . Hanky Signature of a member or authorized representative of a member hereby accept the appointment as registered agent and an ovisions of all statutes relative to the proper and complete e obligations of my position as registered agent as provid merety reflect a change in the registered office address. Diffied in writing of this change.	The second secon	ice and the business of t is hereby confirmed t lity company or as othe ompany. Hanley Printed or typed name of spacity. I further agre y duties, and I am fam DS, F.S. Or, if this doo if the limited liability of	nfirmed that after ffice of the registered that the change(s) erwise provided in
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