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(((H210003135643)))



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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 : (855)330-1010 Fax Number

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

≓Email Address:_ ූරි

LLC REGISTERED AGENT CHANGE 20/20 DEVELOPMENT LLC

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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.

r <i>ioria</i> 1. N	ame of the limited liability company: 20/2	0 Developm	ent LLC
2. (a)	, , .	(b)	
(11)	Principal office address of limited liability con (Note: MUST BE STREET ADDRESS	npany:	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	10/10/2019	L19	9000255101
3.	Date of filing/registration in Florida	4.	Document number
5 (a	, UNITED STATES CORPORATION A	AGENTS, INC.	
5. (a)	Registered Agent and Registered Office shown on the		t, of State:
	5575 S. SEMORAN BLVD.		
	Registered Office Address (MUST BE FLORIDA	STREET ADDRESS)	AUG .
	36		73.55E
	Orlando	, FL 32822	FILES PRIZ: 43 SECTION
		, , , , , ,	
(b	Registered Agents Inc.		5
(**,	Enter name of NEW Registered Agent and/or NEW	Registered Office address	S
	7901 4th St N		
	NEW Registered Office Address:		
	STE 300	<u></u>	,
	St. Petersburg	, FL 33702	
16	L'air Highlier company is not organized une	ler the laws of the Sta	te of Florida, it is hereby confirmed that after
the clagent	nange or changes are made, the Florida street is	limited liability comp nembers of the limited	any, it is hereby confirmed that the change(s) I liability company or as otherwise provided in
			Park
Sign	nature of a member or authorized representative of a mem	nber	Printed or typed name of signee
provi the o to me notifi	sions of all statules retailve to the proper and bligations of my position as registered agent a crely reflect a change in the registered office a led in writing of this change.	is provided for in Cha ddress, I hereby confi	this capacity. I further agree to comply with the e of my duties, and I am familiar with and accep pter 605, F.S. Or, if this document is being filed rm that the limited liability company has been
	Bill Havre -	Assistant Secretar	у