2900279600

(Re	equestor's Name)						
(Address)							
(Address)							
(Ci	ity/State/Zip/Phone	#)					
PICK-UP	☐ WAIT	MAIL					
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Ch 5/9/2022

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I	2000000195						
REFERENCE : 6	8333847						
AUTHORIZATION : _	Southelena						
COST LIMIT : \$	25.00						
ORDER DATE : May 6, 2022							
ORDER TIME : 1:29 PM							
ORDER NO. : 662797-005							
CUSTOMER NO: 8333847							
CHANGE OF AGENT							
NAME. BLODEDA COMPANANCE I	T G						
NAME: FLORIDA GETAWAYS, I	JLC						
PLEASE RETURN THE FOLLOWING AS PROOF	OF FILING:						
CERTIFIED COPY							
XX PLAIN STAMPED COPY							
CONTACT PERSON: Alexxis Weiland	EXT#						

EXAMINER:

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. Na	ame of the limited liability company: FLORIDA GET	AWAYS	, LLC	C				
_: (.:,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		, _	Mailing a	address of limited l	iability c	omp	any:
	515 SW 22ND TER CAPE CORAL, FL 33991		С	MR 416 BOX 2	211			
		_	A	APO, AE, NY 09140				
	11/19/2019		L1'	9000279600				
3.	Date of filing/registration in Florida	4.		Docum	nent number			
5 (0)								
5. (a)	Registered Agent and Registered Office shown on the records of	the Floric	da De	ept. of State:				
	REGISTERED AGENTS INC.					2. Z	200	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				AU	(1)	7022 HAY	current The
	7901 4TH ST N STE 300				\ <u>\</u>	=	₹ !	
	ST. PETERSBURG . FI	33702)- (1)	0	7	
(b)	Enter name of NEW Registered Agent and/or NEW Registered	d Office a	ddre		ا اعا رن	L SIME	,	Ö
	Corporation Service Company					1 C	s	
	NEW Registered Office Address:							
	1201 Hays Street							
								
	Tallahassee	32301						
change agent w was/we the arti	imited liability company is not organized under the later or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liter authorized by an affirmative vote of the members of cles of organization or the operating agreement of the out Scepaniak	register ability co of the lin limited	red o ompa nitec liabi	office and the but any, it is hereby I liability compa	usiness office of v confirmed tha	the reg	giste ang	ered e(s)
Signat	ture of a member or authorized representative of a member			Printed	or typed name of s	ignee		
provisi the obli to mere notified	by accept the appointment as registered agent and agr ins of all statutes relative to the proper and complete igations of my position as registered agent as provide It reflect a change in the registered office address. It I in writing of this change	ree to ac perform d for in (hereby c	t in t tance Chaj onfit	this capacity. I e of my duties, a pter 605, F.S. (rm that the limit	further agree to and I am familio Or, if this docun ted liability con	e compl ir with vent is i upany h	ly w and bein ias l	ith the accept g filed been