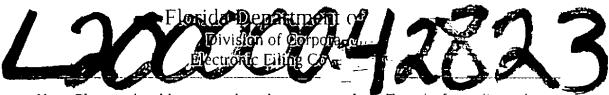
Division of Corporations



**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.

(((H24000014683 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 | Address: |  |  |
|-------|----------|--|--|
|       |          |  |  |



## LLC REGISTERED AGENT CHANGE LAGOONTREES LLC

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 0       |
| Page Count            | 01      |
| Estimated Charge      | \$25.00 |

JAN 12 2024

Electronic Filing Menu Corporate Filing Menu

T. LEMIEURH

1/10/2024 12 2∉30 PST ▼ To: 18506176383 Page: 2/2 From: Registered Agents Inc 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.

| L. Na   | une of the limited liability company:  |   |   |
|---|--|---|---|
| 2. (a)  | , , ,  | (b)   |   |
|   | Principal office address of limited fiability company:  (Note: MUST BE STREET ADDRESS)   |   | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)  |
|   | 02/05/2020   | <br>L200                                    | 000042823   |
| 3.  | Date of filing/registration in Florida   | 4.  | Document number   |
|   | KRISTINE M. JOHNSON, P.A.  |   |   |
| 5. (a)  | Registered Agent and Registered Office shown on the records of th  |   |   |
|   | 10620 GRIFFIN ROAD   |   |   |
|   | Registered Office Address (MUST BE FLORIDA STREET AI   | DDRESS)                                     |   |
|   | 106  |   |   |
|   | COOPER CITY FL 3   | 3328  |   |
|   | Registered Agents Inc  |   | , , , , , , , , , , , , , , , , , , ,   |
| (p)   | Enter name of NEW Registered Agent and/or NEW Registered C   |   |   |
|   | Eact name of the week registered regels and of the registered of   | Pinter addition                             | <u>.</u>  |
|   | 7901 4th St N  |   |   |
|   | NEW Registered Office Address:   |   | 1   |
|   | STE 300  |   |   |
|   | St. Petersburg 3   | 3702  | . 25  |
| the cha<br>agent v<br>was/was/wathe art           | imited liability company is not organized under the laws ange or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the liabers. | he registere<br>pility compa<br>the limited | ed office and the business office of the registered<br>bany, it is hereby confirmed that the change(s)<br>I liability company or as otherwise provided in<br>ility company. |
| <u> / Lee</u><br>Signa                            | ture of a member of authorized representative of a member  |   | Printed or typed name of signee   |
| I here<br>provisi<br>the ob-<br>to mer<br>natifie | by accept the appointment as registered agent and agre<br>ions of all statutes relative to the proper and complete p<br>ligations of my position as registered agent as provided<br>ely reflect a change in the registered office address. I he<br>d in writing of this change.                        | erformance<br>för in Chap<br>ereby confu    | this capacity. I further agree to comply with the   |
| Signatu   | David Roberts - Assistant Sec  | a etai y                                    |   |