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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 : (888)705-7274 Fax Number : (888)706-7274

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

Email	Address:						
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LLC REGISTERED AGENT CHANGE MIDDLE RIVER OF WINTER SPRINGS LLC

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S. PRATHER

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COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJE				ring LLC
15 6		OI LIMITEC	i Liao	inty Company
	ir or Madam:			
The en	closed Registered Agent/Registered Offic	e Change a	nd fec	e(s) are submitted for filing.
Please	return all correspondence concerning this	matter to t	he fol	lowing:
7ac	chary Ysais			
	Name of Person	·		
Dogia	stered Agent Solutions, Inc.			
———	Firm/Company			
	r mir Company			
1701	Directors Blvd, Suite 300			
	Address			
Austir	n, TX 78744			
	City/State and Zip Code	-		
F	-mail address: (to be used for future annu	al report n	otifica	tion)
For fur	ther information concerning this matter, p	olease call:		
Zac	chary Ysais	888 _ at (705-7274
	Name of Person		· · · · ·	Area Code & Daytime Telephone Number
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 Enclosed is a check for the following a	amount:	Regis Divis P.O. I	LING ADDRESS: tration Section ion of Corporations Box 6327 hassee, Florida 32314

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INHS18 (2/14)

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15129570210

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

1. Nar	me of the limited liability company: Middle Ri	ver of Winter Spring LLC					
	4495 MILITARY TRAIL	(b) 4495 MILITARY TRAIL					
2. (u) <u>.</u>	Principal office address of limited tiability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)					
	SUITE 203	SUITE 203					
	JUPITER, FL 33458	JUPITER, FL 33458					
	2/11/2020	L20000049053					
3.	Date of filing/registration in Florida	4. Document number					
5. (a)	CORPORATION SERVICE COM	PANY					
J. (a)	Registered Agent and Registered Office shown on the records of	the Florida Dept, of State:					
	1201 HAYS ST						
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	9R91				
	TALLAHASSEE	32301 AHASS	3091 OFC 28				
(b)	Registered Agent Solutions, Inc.		[]				
	Enter name of NEW Registered Agent and/or NEW Register	STATI CORIC address	<u>.</u>				
	155 Office Plaza Dr.	IDA	n o				
	<u>NEW</u> Registered Office Address:						
	Suite A						
	Tallahassee	_32301					

the articles of organization or the operating agreement of the limited liability company.

/s/ D.S. Berenson

D.S. Berenson

Authorized Person

Signature of a member or authorized representative of a member

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

Mackenzie Hart, Asst. Secretary