Florida Department of

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.

(((H210000465953)))



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 : (855)330-1010

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

Email Address:

84

LLC REGISTERED AGENT CHA	NGE
LKMGNT, LLC.	

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

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.

Horida.	LKMG	NT LIC					
. Name of the lir	nited liability company: LKWGI	NT, LLC.					
_{2. (a)} 30 GILM	ORE DR	(b) 3	O GILMO	RE DR.			
Princip	oal office address of limited liability company: Note: MUST BE STREET ADDRESS)			ng address of li ote: MAY BE I			•
GULF E	REEZE, FL 32561	G	ULF BRE	EZE, FL 32	2561		
03/24/20		<u>L2</u>	L20000088752				
3. Da	e of filing/registration in Florida	4.	Do	cument numi	ber		
5. (a) TERRIHA	ANKINSON						
Registered Ag	ent and Registered Office shown on the record	is of the Florida De	pt. of State:				
30 GILN	IORE DR.						
Registered O	fice Address (MUST BE FLORIDA STRE	<u>EET ADDRESS)</u>					
GULF E	REEZE	, FL 32561					
(b) Regist	ered Agents Inc.				* 64 36-	173	
Enter name of	NEW Registered Agent and/or NEW Register	tered Office addre	<u>ss</u> :		•	, -	
7901	4th St N					ان دن:	
NEW Regist	ered Office Address:					*, ***	, * ·
STE 30	0				٠,		مفية
St. Pe	tersburg	, FL 33702			*	ري ري	
the change or chan agent will be ident was/were authorize the articles of orgation in the articles of orgation in the articles of a member	ity company is not organized under the ges are made, the Florida street addrescal. Or, in the case of a Florida limited by an affirmative vote of the membrization or the operating agreement of the authorized representative of a member of a position as registered agent and atmes relative to the proper and company position as registered agent as prochange in the registered office addresof this change.	ss of the registe ed liability com bers of the limite f the limited lial Riley d agree to act in pleie performan	pany, it is he ed liability co bility compa Park Pr a this capacia ce of my dut anter 605. F	ing the busine creby confirm ompany or as ny. inted or typed notes, and I am. S. Or, if this	ss of ned t s other agre a fam	hat the erwise policy of signee eto contiliar with the contiliar with	the registered change(s) provided in apply with the ship and accepts being files

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 F1LING FEE: \$25.00

Signature of Registered Agent