Division of Corporations **Electronic Filing Cover Sheet**

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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:

LLC REGISTERED AGENT CHANGE CARLFAYNE LEE OXENREIDER PLLC

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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.

1 10//100							
l. Na	nme of the limited liability company:	<u>CARLFA</u>	NE	LEE C	XENREIDER	R PLLC	
2. (a)	314 6TH STREET N (b) 3			_{b)} 314 6TI	314 6TH STREET N		
(,	Principal office address of limited lial (Note: MUST BE STREET AI	• •	•	,	failing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	JACKSONVILLE BEACH,	FL 32250	- -	JACKSO	NVILLE BEACH, F	L 32250	
	05/12/2020			L200001	.27691		
3.	Date of filing/registration in	Florida	4.		Document number	111111111111111111111111111111111111111	
5. (a)	CARLFAYNE L OXENREIDER	}					
(u)	Registered Agent and Registered Office show	n on the records of th	ne Florie	la Dept. of State	:		
	314 6TH STREET N						
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)						
						~	
	JACKSONVILLE BEACH	, FL	3225	0		JIVISION O	
, I. X	Registered Agents Ir	1C.				EP 16	
(b)	Enter name of NEW Registered Agent and/o		Office a	ddress:		COS C	
	7901 4th St N					CORPORAL CORPORAL	
	NEW Registered Office Address:					7	
	STE 300						
	St. Petersburg	, FL	3370	2			
the chagent was/w	limited liability company is not organiange or changes are made, the Florida will be identical. Or, in the case of a fere authorized by an affirmative vote cicles of organization or the operating a	street address of I Florida limited lia of the members of	the reg bility f the li	istered office company, it is mited liability	e and the business office whereby confirmed that y company or as othery	e of the registered the change(s)	
R :L	and tout			ley Park			
Sign	store of a member or authorized representative	of a member			Printed or typed name of s	ignee	

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.

Bill Havre - Assistant Secretary

Signature of Registered Agent