L2000137480

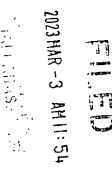
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





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11/25/23--01023--010 **28.00





February 17, 2023

CYNTHIA DEVOL RANGE 7, LLC 510 PARK AVE SATELLITE BEACH, FL 32937

SUBJECT: RANGE 7 LLC Ref. Number: L20000137480

We have received your document for RANGE 7 LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tammi Cline Regulatory Specialist II Supervisor Letter Number: 223A00003962

3.3.23

COVER LETTER

TO: Registration Section Division of Corporations		·				
RANGE 7. LLC SUBJECT:		•				
Name of Limited Liability Company						
Dear Sir or Madam:						
The enclosed Registered Agent/Registered	l Office Change and	d fee(s) are submitted for filing.				
Please return all correspondence concerning	ng this matter to the	e following:				
CYNTHIA DEVOL						
Name of Person	-					
RANGE 7, LLC						
Firm/Company						
510 PARK AVE				2		
Address			2	023 H		
SATELLITE BEACH, FL 32937				2023 MAR -3		
City/State and Zip Co	ode		7 13/8 (2) 4 18/1			
CINDY@BHA321.COM				AH 11: 54		
E-mail address: (to be used for future	e annual report noti	fication)		45		
For further information concerning this ma	atter, please call:					
CYNTHIA DEVOL	614 at (499-6546				
Name of Person		Area Code & Daytime Telephor	ne Number			
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suit- Tallahassee, FL 32303	e 810			
Enclosed is a check for the followard for the following Fee		\$55 Filing Fee & Certified Copy				

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.

I. Na	ame of the limited liability company: RANGE 7 LLC		and the second s
2. (a)	574 HWY ATA, SATELLITE BEACH FL 32937	(b)	574 HWY A1A, SATELLITE BEACH, FL 32937
(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	5/20/2020	L2	20000137480
}, (a)	Date of filing/registration in Florida CYNTHIA DEVOL	4.	Document number
5. (a)	Registered Agent and Registered Office shown on the records of	f the Florida D	ept. of State:
	Registered Office Address (MUST BE FLORIDA STREET) 510 PARK AVE	ADDRESS)	2023 MAR - 3 AM I
	SATELLITE BEACH, FI	L	<u> </u>
(b)	linter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office addre	
	NEW Registered Office Address:		
	574 HWY A1A		
	SATELLITE BEACH, FI	L 32937	
hange igent v vas/we	imited liability company is not organized under the later or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liter authorized by an affirmative vote of the members cles of organization or the operating agreement of the	e registered iability comp of the limite	office and the business office of the registered pany, it is hereby confirmed that the change(s) and liability company or as otherwise provided in
	ture of a member or authorized representative of a member	CYNT	HIA DEVOL
Signa	ture of a member or authorized representative of a member		Printed or typed name of signee
rovisi he obl o mere	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete igations of my position as registered agent as provide ly reflect a change in the registered office address, I d in writing of this change.	ree to act in performanced for in Cha hereby conf	this capacity. I further agree to comply with the ce of my duties, and I am familiar with and accept apter 605, F.S. Or, if this document is being filed firm that the limited liability company has been

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