Division of Corporations

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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

Fax Number : (813)436-5206

Enter the email address for this business entity to be used for future ಸ್ವಾಪ್ತ್ರಮಾಗುವು report mailings. Enter only one email address please.\*\* ద్ద్ర్మ్ Address:\_

## LLC REGISTERED AGENT CHANGE M2 LOANCO, LLC

Certificate of Status	0
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M. SOLOMON SFP 2 0 2024

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## 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.

(d)		(b)				
•	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ ` ` '		dailing address of limited liabili ( <u>Note: MAY BE POST OFF</u>	ty com	рану:
	06/18/2020	-		16		
	Date of filing/registration in Florida	4.		Document number		
<i>(</i> - <i>)</i>	Vogel, Levi					
(a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  9507 NW 38th Street  Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			2024 SEP SECNÉE TALLES	2024 SEP 20	
	Coral Springs , FL 3	3065		ASSEE.	<b>P</b>	
(b)	Northwest Registered Agent LLC				3: 07	
	Enter name of NEW Registered Agent and/or NEW Registered O	ffice add	ress:		-1	
	7901 4lh St N					
	NEW Registered Office Address:	<del></del>				
	STE 300					
	St. Petersburg , FL 3:	3702				
chai nt w /we	mited liability company is not organized under the laws nge or changes are made, the Florida street address of th ill be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of tles of organization or the operating agreement of the hi	of the ! ne regist ility cot the limi	ered office npany, it is ted liability	and the business office of hereby confirmed that the company or as otherwise	the rechan	egisteri ige(s)
_/	are of a member or authorized representative of a member	Nat S	mith			
-				Printed or typed name of signer		
ercb	y accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pe gations of my position as registered agent as provided f ly reflect a change in the registered office address. I he	: to act	n this capa nce of my a	ncity. I further agree to co luties, and Lam familiar w E.S. Or, if this documen	mply ith ar	with th id acce inc file