Mision M 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 : (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:

LLC REGISTERED AGENT CHANGE SIX PACK REAL ESTATE HOLDINGS LLC

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S. PRATHER

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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

Florid								
1. N	ame of the limited liability company: SIX PACK	REA	LE	STATE	HOLDINGS L	LC		
2. (a)	7901 4th St N		(b)	PO BC	X 128			
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		•	,	Mailing address of limited (Note: MAY BE POS	-	-	
	STE 300			_				
	St. Petersburg FL 33702			South H	arwich MA 02661	L-0128		
	06/18/20		L	.20000:	170198			
3.	Date of filing/registration in Florida	4.	-		Document number		-	
5. (a)	CORPORATION SERVICE COMPANY							
J. (11)	Registered Agent and Registered Office shown on the records i	of the Flo	rida	Dept. of Stat	- e:			
197 -	1201 HAYES STREET					≓α.	~9	
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRI	ESS)		-	LLAH	021 DE	
	TALLAHASSE	_L 323	01		ASSEE.	LAHASSEE.	2021 DEC -7 PM 1: 4	<u> </u>
	Registered Agents Inc.					OF STATE	PM	Ü
	Enter name of NEW Registered Agent and/or NEW Register	ed Office	e add	ress:		AD ATTE	<u>-</u>	
	7901 4th St N							
	NEW Registered Office Address:	***************************************			uine .			
	STE 300				-			
	St. Petersburg	_{-L_} 337	02		_			
the ch agent was/w the art	limited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the member ticles of organization or the operating agreement of the ature of a member or authorized representative of a member	of the re liability s of the ne limite	egisty con Timi ed Ii Riley	ered offic npany, it i ted liabilit ability cor y Park	e and the business of s hereby confirmed to company or as oth npany. Printed or typed name	ffice of that the coerwise potsignee	he reg change provide	istered e(s) ed in
I here provis the obtained to men	eby accept the appointment as registered agent and a sions of all statutes relative to the proper and comple pligations of my position as registered agent as provide the reflect a change in the registered office address.	gree to te perfo ded for I hereb	act orma in C y co	in this cap nce of my hapter 60, nfirm that	acity. I further agre duties, and I am fan 5, F.S. Or, if this do the limited liability	re to con uliar wit cument i company	iply wi 'h and 's bein y has E	ith the accep g filea peen

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

- Assistant Secretary

Bill Havre

Signature of Registered Agent