11/11/2020

Division of Corporations



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NOV 13 2020

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.

	ame of the limited liability company:	_	
(a)		_ (b)
` /	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	1 BEACH DR. SE UNIT 2102		1 BEACH DR. SE UNIT 2102
	ST. PETERSBURG, FL 33701	_	ST. PETERSBURG, FL 33701
	07/22/2020		L20000206615
	Date of filing/registration in Florida	4.	Document number
(a)	Registered Agent and Registered Office shown on the records of the CT CORPORATION SYSTEM		
	Registered Office Address (MUST BE FLORIDA STREET A 1200 SOUTH PINE ISLAND ROAD	<u>DDRESS</u>	
	PLANTATION, FL	33324	
			 \:
(p)	Enter name of NEW Registered Agent and/or NEW Registered	Citize ad	dress
	enter name of New Registeren Agent and of the Registeren	(711 <u>100 31</u> 1	dress:
	ROBERT MOBERGER		
	NEW Registered Office Address:		
	1 BEACH DR. SE UNIT 2102		
/	ST. PETERSBURG FL.	33701	
hang gent ras/w ro-arl	limited liability company is not organized under the law con changes are made, the Florida street/address of the will be identical. Or, in the case of a Florida limited has bre authorized by an affirmative vote of the members of cless of organization or the operating agreement of the	registere bility co f the lim limited l	and office and the business office of the registered impany, it is hereby confirmed that the change(s) ited liability company or as otherwise provided in liability company. BERT MOBERGER
1/2	ture of member or authorized ignesentative of a member		Printed or typed name of signee
ljere rpvis ie ob	by accept the appointment is registered agent and agri- ions of all statutes relative to the proper and complete i ligations of my position as registered agent as provided ely reflect a classige in the registered office address, I have	ee to act perform I for in C seveby co	in this capacity. I further agree to comply with the ance of my duties, and I am familiar with and accept Thapter 605, F.S. Or, if this document is being file onfirm that the limited hability company has been
o`mej otifie	of in furting of this change.		

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