11/11/2020

Division of Corporations

Department of

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Division of Corporations

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Phone : (239)649-6200 Fax Number : (239)261-3659

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LLC REGISTERED AGENT CHANGE **MOBERGER I LLC**

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HAR SIMMONS

NOV 13 2020

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH FOR LIMITED LIABILITY COMPANY \blacksquare

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.

. Na	ame of the limited hability company: MOBERGER LL	.LC		
2. (a)	_	_	(b)	o)
()	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
	07/13/2020		ı	L2000021948S
٠.	Date of filing/registration in Florida	4.	-	Document number
i. (a)				
. (4)	Registered Agent and Registered Office shown on the records of C T CORPORATION SYSTEM	the Flori	ida	a Dept of State:
	Registered Office Address (MUST BE FLORIDA STREET	ADDRE	[SS]	<u></u>
	1200 SOUTH PINE ISLAND ROAD			===
	PLANTATION . FI	33324 L		-
				
(b)	Enter name of NEW Registered Agent and/or NEW Registere		_	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NFW Registere</u>	d Office	ade	Idress.
	ROBERT MOBERGER			0.
	NEW Registered Office Address			
	1 BEACH DR. SE UNIT 2102	_		
	ST. PETERSBURG	33701		
change ngent was/w he art	limited liability company is not organized under the lactor changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lifere authorized by/an affirmative vote of the members heles of organization or the openating agreement of the	ws of the registe iability of the l	ere cor imi d li	ed office and the business office of the registered ompany, it is hereby confirmed that the change(s) nited liability company or as otherwise provided in liability company. BERT MOBERGER
•/	aftire of a member or authorized representative of a member			Printed or typed name of signee
provis The ob To mei	by accept the appointment as registered agent and agins of all statutes relative to the proper and complete fivations of niv position as registered agent as provide lely reflect a change in the registered office address, I d in writing of this change.	, ,,,,,,,,,,,	'12 L CL	imice m my mines. ana 1 am jamiliar with and acces
Signati	tile of Registered Agent			
				7. T. O. C