## L20000213595

| (Re                     | equestor's Name)   |                 |
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| PICK-UP                 | MAIT               | MAIL            |
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| (Bu                     | isiness Entity Nan | ne)             |
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| Certified Copies        | _ Certificates     | s of Status     |
| Special Instructions to | Filing Officer:    |                 |
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Office Use Only



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## CT CORP

## (850)656-4724 3458 Lakeshore Drive, Tallahassee, FL 32312

06/28/2023

Date:

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|  |                                 | Acc#I20160000072                         |  |  |  |  |  |  |
|--|---------------------------------|--|--|--|--|--|--|--|
| Name:  | Colgan Simo                     | Colgan Simon, LLC                        |  |  |  |  |  |  |
| Document #:  |                                 |  |  |  |  |  |  |  |
| Order #:   | 15010940                        |  |  |  |  |  |  |  |
| Certified Copy of Arts<br>& Amend:<br>Plain Copy:<br>Certificate of Good<br>Standing:<br>Certified Copy of |                                 |  |  |  |  |  |  |  |
| Apostille/Notarial<br>Certification:   |                                 | Country of Destination: Number of Certs: |  |  |  |  |  |  |
| Filing: 🗸  | Certified:<br>Plain:<br>COGS: [ |  | Email Address for Annual Report Notifications: |  |  |  |  |  |
| Availability  Document  Examiner  Updater  Verifier  Ref#  Ref#  | Amount: \$                      | 55.00                                    |  |  |  |  |  |  |

Thank you!

## 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.

| )   | 384 Seacrest Drive   |                        | (b)   | 384 Sca   | crest Drive  |                    |              |                   |
|---|--|------------------------|---|---|--|--------------------|--------------|-------------------|
|   | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)  |                        | (0)   |   | Mailing addre  |                    | -            | -                 |
|   | Inlet Beach, FL 32461  | <del></del>            |   | Inlet Bea   | ach, FL 32461  |                    |              |                   |
|   | 09/02/2020   | <del>_</del>           | 1   | <br>L2000027  | 73595  |                    |              |                   |
| )   | Date of filing/registration in Florida Lesly S Simon   | 4.                     | -   |   | Document   | number             |              |                   |
| ,   | Registered Agent and Registered Office shown on the records of<br>191 Sand Oaks Circle, Santa Rosa Beach, FL 32459   | the Flor               | ida I   | <del>)ep</del> t. of St   | ate:   |                    |              |                   |
|   | Registered Office Address (MUST BE FLORIDA STREET  | ADDRE                  | :SS)  |   |  |                    | ;<br>;       | 2023              |
|   | ,FI  |                        |   | <del>,</del>  | <del></del>  |                    | - 17         | 23 , F 34 28      |
| )   |  |                        |   |   |  |                    | EARY<br>TIAS | 28                |
| •   | Enter name of NEW Registered Agent and/or NEW Registeres   | Office                 | <b>a</b> dd:  | (53):   |  |                    | SSEE         | PH 4: 28          |
|   | 384 Seacrest Drive   |                        | _   |   | _  |                    | FLAT         | ÷:<br>22          |
|   | <u>NEW</u> Registered Office Address:  |                        |   |   |  |                    | П            | <b>&amp;</b>      |
|   | Inlet Beach  | 32461                  |   |   | <del></del>  |                    |              |                   |
|   | imited liability company is not organized under the later changes are made, the Florida street address of the  | ws of tl               | ne S  | tate of F   | florida, it is h   | ss office          | e of the n   | egisten<br>hange( |
| je<br>W                                   | will be identical. Or, in the case of a Florida limited light authorized by an affirmative vote of the members of soften and state of the soften and state of the state of th | ability of the l       | con<br>imit<br>d lis  | ipany, it<br>ed liabil  | is hereby con<br>ity company<br>ompany.                        | nrmed<br>or as oth | nerwise p    | rovide            |
| ve ti                                     | vill be identical. Or, in the case of a Florida limited light authorized by an affirmative vote of the members of less of organization or the operating appropriate of a member or authorized representative of a member   | ability of the line RE | con<br>imit<br>d lis<br>esly  | ipany, it<br>ed liabil<br>ibility co<br>S Simon                       | is hereby cor<br>ity company<br>ompany.  Printed or ty         | or as oth          | of signee    |                   |
| ge we | will be identical. Or, in the case of a Florida limited light authorized by an affirmative vote of the members of authorized by an affirmative vote of the members of authorized representative of a member of a member of authorized representative of a member of a member of a member of authorized representative of a member of | ability of the l       | con<br>imit<br>d lie<br>esly<br>esly<br>esly<br>esly<br>esly<br>esly<br>esly<br>esl | npany, it ed liabil ability co S Simon  n this can nce of m napter of | is hereby conity company ompany.  Printed or ty pacity. I furt | ped name           | of signee    | ply with          |