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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

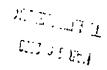
Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:____ 7.7 LLC REGISTERED AGENT CHANGE 10 ES SHEMEN REALTOR LLC 0 Certificate of Status

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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.

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l. Na	ame of the limited liability company:			
2. (a)	2429 W. BLOUNT ST.	(b) <u>242</u>	29 W. BLOUNT ST.	
	Principal office address of limited liability con (Note: MUST BE STREET ADDRESS		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	PENSACOLA, FL 32505		NSACOLA, FL 32505	
	09/10/20	L200	000282546	
3.	Date of filing/registration in Florida	a 4.	Document number	
<i>-</i> / >	LEGALCORP SOLUTIONS. LLC			
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:			
	3440 W HOLLYWOOD BLVD.			
	Registered Office Address (MUST BE FLORIDA	STREET ADDRESS)		
	SUITE 415			
	HOLLYWOOD	, FL 33021	—— ن. ن	
		[1]		
(b)	Registered Agents Inc.			
(**)	Enter name of NEW Registered Agent and/or NEW	Registered Office address:	· 5	
	7901 4th St N		, 2	
	NEW Registered Office Address:			
	STE 300			
	St. Petersburg	, FL 33702		
the ch agent was/w the ar	limited liability company is not organized und lange or changes are made, the Florida street a will be identical. Or, in the case of a Florida were authorized by an affirmative vote of the n ticles of organization or the operating agreem	der the laws of the State address of the registered limited liability companiembers of the limited limit of the limited liabilit Riley Pa	ny, it is hereby confirmed that the change(s) iability company or as otherwise provided in ty company. ark	
Signature of a member or authorized representative of a member		nber	Printed or typed name of signee	
provi: the of to me	eby accept the appointment as registered ager sions of all statutes relative to the proper and oligations of my position as registered agent a rely reflect a change in the registered office a ed in writing of this change.	nt and agree to act in thi complete performance o is provided for in Chapte iddress, I hereby confirm	is capacity. I further agree to comply with too of my duties, and I am familiar with and accorder 605, F.S. Or, if this document is being fill in that the limited liability company has been	

- Assistant Secretary

Bill Havre

Signature of Registered Agent