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To:

Division of Corporations

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: (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone

: (307)200-2803

Fax Number

: (813)436-5206

Enter the email address for this business entity to be used for future ച്ച് ജ്nnual report mailings. Enter only one email address please.\*\* ∰Email Address:\_

:p.,

## LLC REGISTERED AGENT CHANGE LEVELUP OCEANBREEZE, LLC

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K. SALY

JUN 25 2024

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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.

1. 1	Tame of the limited liability company:	NBREEZE, LLC 	
2. (a)	*** Company:  *** One: MUST BE STREET ADDRESS**  *** (Note: MUST BE STREET ADDRESS*)  *** *** *** *** *** *** *** *** ***	(b)	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	· (1.5 09/16/2020	L200(	00291736
3.	Date of filing/registration in Florida	4.	Document number
5. (a			
	Registered Agent and Registered Office shown on the records of to 3458 LAKESHORE DRIVE	the Florida Dept.	of State:
	Registered Office Address (MUST BE FLORIDA STREET A	ADDRESS]	
			7202 7202
w In	TALLAHASSEE, FL_	32312	T CAH
(b	Northwest Registered Agent LLC		PILED  2024 JUN 24 M 4: 23  TÄLLÄHÄSSEE FLORID:
	Enter name of NEW Registered Agent and/or NEW Registered	Office address:	
g th !	7901 4th St N		Loan Loan
	NEW Registered Office Address:		
	STE 300		
	St. Petersburg	33702	
the chagent was/v the ar	limited liability company is not organized under the law nange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liawere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	the registered ability compar If the limited l	I office and the business office of the registered by, it is hereby confirmed that the change(s) liability company or as otherwise provided in try company.
Sign	lature of a member or authorized representative of a member	Nat Smith	Printed or typed name of signee
I her provi the ol to me	eby accept the appointment as registered agent and agrisions of all statutes relative to the proper and complete oligations of my position as registered agent as provided rely reflect a change in the registered office address, I held in writing of this change.	ee to act in th performance I for in Chapt nereby confirt	is canacity. I further caree to comply with the
Signa	Taylor Newman - Assistant Se wire of Registered Agent	ecretary	