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LEB 54 5053

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.

(a)	· · · · · · · · · · · · · · · · · · ·		(b)			
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(b)			
	1200 W. Platt St., Suite 100		1200 W. I	Platt St., Suite 1	00	
	Tampa, FL, 33606		Tampa, F	L. 33606		
	10/29/2020		L20000334	1389		
	Date of filing/registration in Florida	4.	•	Document n	imber	
(a)	Community Association Services, LLC					
			da Depi, of Sta			
	Registered Office Address <u>(MUST BE FLORIDA STRE</u> 1200 W. Platt St., Suite 100					
	1200 W. Platt St., Suite 100	ET ADDRE.	<u>\$\$\$</u>			
(b)	1200 W. Platt St.,Suite 100 Tampa C T Corporation System	ET ADDRE.	<u>\$\$\$</u>		tř.	2023 F
(b)	1200 W. Platt St.,Suite 100 Tampa C T Corporation System	E <u>T ADDRE</u> F1,	<u>\$\$\$</u>			2023 FFB 2 3
(b)	1200 W. Platt St.,Suite 100 Tampa C T Corporation System	E <u>T ADDRE</u> F1,	<u>\$\$\$</u>			∩
(ს)	1200 W. Platt St., Suite 100 Tampa C T Corporation System Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	E <u>T ADDRE</u> F1,	<u>\$\$\$</u>			23

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

Richard Russell
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.N. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited hability company has been notified in writing of this change. C T Corporation System (address)

By:

Signature of Registered Agent

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

Τo