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Division of Corporations

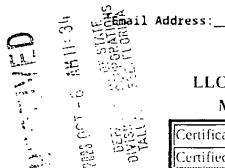
Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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LLC REGISTERED AGENT CHANGE METROHOUSE DESIGNS LLC

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10/6/2023 08 24:51 PDTr To 18506176383 Page 2/2 From Registered Agents Inc Fax: \$134365206

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 hability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

. Na	me of the limited hability company.	DESIGNS LLC	
. (a)		(h)	
	Principal office address of limited hability company; (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	11/16/20		0362482
	Date of filing/registration in Florida	4.	Document number
(a)	UNITED STATES CORPORATION AGENTS, INC.	·· ······· · · · · · · · · · · · · · ·	
	Registered Agent and Registered Office shown on the records of	of the Florida Dept. (of State
			3
	Registered Office Address (MUST BE FLORIDA STREE)	<u>I_ADDRESS)</u>	
	476 RIVERSIDE AVE.	·	
	JACKSONVILLE	32202	
	,	1	
(b)	Registered Agents Inc		<u> </u>
	Enter name of NEW Registered Agent and/or NEW Registere	ed Office address:	
	7901 4th St N		
	NEW Registered Office Address:		··· ·
	STE 300		
	Si Petersburo	1. 33702 1	
e cha gent w as/we	imited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the members cless of organization or the operating agreement of the	of the registered liability compan s of the limited li	office and the business office of the registered y, it is hereby confirmed that the change(s) ability company or as otherwise provided in
	cles of organization or the operating agreement of the Control of the Control of a member of authorized representative of a member	Robin Jone	s
ovisi e obli merc	w accept the appointment as registered agent and a ons of all statutes relative to the proper and complet igations of my position as registered agent as provid Iv reflect a change in the registered office address. I'm writing of this change.	gree to act in thi he performance of led for in Chapte I hereby confirm	is capacity. I further agree to comply with the of my duties, and I am familiar with and accep ir 605, F.S. Or, if this document is being filed that the limited liability company has been
3	David Roberts - Assistant	Secretary	

Signature of Registered Agent