## L2000036922a Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

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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

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## LLC REGISTERED AGENT CHANGE 12756 BUFFING RD DUP FL LLC

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JUN 22 2021

A. LUNT

Help

## 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.

2. (a)		(b)		
. (/	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing address of limited (Note: MAY BE POST	
			0000369222	
_	11/23/20	<del></del>	Document number	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	ANDERSON REGISTERED AGENTS, IN			
	Registered Agent and Registered Office shown on the record			
	12001 RESEARCH PARKWAY, SU			
	Registered Office Address (MUST BE FLORIDA STRE	<u>RET ADDRESS)</u>		
	ORLANDO	. FL 32826	<u>-</u>	SEC DIVISI <b>21</b> .
(b)	Registered Agents Inc.			JUN 21
	Enter name of NEW Registered Agent and/or NEW Regist	tered Office addres	<u></u>	` ' _/
	7901 4th St N			OF STATE ORPORATIONS
	NEW Registered Office Address:			STATE ORATIO 3: 18
	STE 300		<del>.,,</del> .	NS.
	St. Petersburg	, <sub>FL</sub> 33702		
the cha agent v was/w	imited liability company is not organized under thange or changes are made, the Florida street addreswill be identical. Or, in the case of a Florida limiteere authorized by an affirmative vote of the membicles of organization or the operating agreement of	ss of the register ed liability comp ers of the limite	red office and the business of bany, it is hereby confirmed t d liability company or as oth	that the change(s)
	Rilling Pak.	Riley	Park  Printed or typed name	at tionas
-	ture of a member or authorized representative of a member		• •	
There provis the ob	by accept the appointment as registered agent and ions of all statutes relative to the proper and comp ligations of my position as registered agent as pro ely reflect a change in the registered office addres	t agree to act in ilete performanc vided for in Cha	this capacity. I further agre te of my duties, and I am fan opter 605, F.S. Or, if this do	e to comply with the siliar with and accep cument is being filed

Signature of Registered Agent

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