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From: John Gurba

8/12/23, 11:34 AM

Division of Corporations

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Florida Department of
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : COURTACCESS CENTERS,LLC
Account Number : 075350000541
Phone : (813)875-1333
Fax Number : (813)200-1050

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

Email Address: DorotaWallace@gmail.com

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

LLC REGISTERED AGENT CHANGE
1713 DIXON FL LLC

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Audit # H23000210822

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. Name of the limited liability company. 1713 DIXON FL LLC

2. (a) 1713 DIXON BLVD., APT 138, COCOA, FL 32922 (b) 3171 38TH ST., APT. 3B, ASTORIA, NY 11163
Principal office address of limited liability company Mailing address of limited liability company
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

3. 01/08/2021 Date of filing/registration in Florida 4. 121000007454 Document number

5. (a) COURTACCESS CENTERS LLC
Registered Agent and Registered Office shown on the records of the Florida Dept. of State
13046 RACE TRACK RD STE 151

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

TAMPA, FL 33626

(b) COURTACCESS CENTERS LLC
Enter name of NEW Registered Agent and/or NEW Registered Office address:

9241 BRINDLEWOOD DR

NEW Registered Office Address

ODESSA, FL 33556

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 [Signature]

DOROTA WALLACE

Printed or typed name of signer

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.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent JOHN A GURBA JR

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00

Audit # H23000210822