# L21000040071

(Req	uestor's Name)				
(Add	ress)				
(Add	ress)	<del>-</del>			
(City)	/State/Zip/Phone	#)			
PICK-UP	☐ WAIT	MAIL			
(Busi	iness Entity Nami	e)			
(Document Number)					
Certified Copies	Certificates (	of Status			
Special Instructions to Filing Officer:					

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SECONDINE OF STATE

A. RAMSEY FEB 29.2024

### Sunshine State Corporate Compliance Company

## 3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 02/28/2024	_	⇔WALK IN¹
2521 N	TAMIAMITPAIL LIC	WALK EV
ENTITY NAME 2321 N	I. TAMIAMI TRAIL, LLC	
DOCUMENT NUMBER_		
	**PLEASE FILE THE ATTACHED AND RETURN**	
XXXXXXXX	Plain Copy	
	Certified Copy	
	Certificate of Status	
*:	PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY**	
	Certified Copy of Arts & Amendments	
	Certificate of Good Standing	
	**APOSTILLE' / NOTARIAL CERTIFICATION**	
COUNTRY OF DESTINA	TION	
NUMBER OF CERTIFICA	TES REQUESTED	
TOTAL OWED \$25	ACCOUNT #: I20160000072	<u> </u>

E 8 FM

### **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: 2521 N. TAMIAMI TRAIL,		
Name of	f Limited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office (	Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this m	atter to the following:	
Harbor Compliance		
Name of Person		
Firm/Company		
1830 Colonial Village Lane		
Address		
Lancaster, PA 17601		
City/State and Zip Code		
fornoticeandrenewals@gmail.com		
E-mail address: (to be used for future annual	report notification)	
For further information concerning this matter, plea	ase call:	
Ami Frederick	<sub>it (</sub> 717) 294-0463	
Name of Person	Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	P.O. Box 6327 Tallahassee, Florida 32314	

□ \$55 Filing Fee & Certified Copy

Enclosed is a check for the following amount:

🖎 \$25 Filing Fee

#### 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)	Principal office address of limited liability com (Note: MUST BE STREET ADDRESS)	ipany:	-	ited liability company:  OST OFFICE BOX)
	700 S. Rosemary Avenue, No. 204	-B39	700 S. Rosemary Ave	nue, No. 204-B39
	West Palm Beach, FL33401		West Palm Beach, FL 33	3401
	01-20-2021		L21000040071	
•	Date of filing/registration in Florida	4.	Document number	er
	INCORP SERVICES, INC.  Registered Office Address  3458 LAKESHORE DRIVE  Tallahassee	FL_32312		MAFEB 28 PHIZ 10
(b)	Enter name of NEW Registered Agent and/or NEW R Registered Agents Inc NEW Registered Office Address: 7901 4th St N Ste 300	legistered Office ad	dress:	
	St. Petersburg	, <sub>FL</sub> 33702	2	

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.

/s/ Richard Freiburger
Signature of a member or authorized representative of a member

Richard Freiburger, auth. rep.-Authorized Signer

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.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.

David Roberts - Assistant Secretary

David Roberts - Assistant Secretary