Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000447134 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

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

Email	Address:				

LLC REGISTERED AGENT CHANGE **ESTEBAN VENTAS LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

Electronic Filing Menu — Corporate Filing Menu

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.

l. N	ame of the limited liability company: ESTE	BAN VEN	TAS LLC
2. (a)		(b)	
,	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	y:	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	00/05/0001		1000093223
1	02/25/2021 Date of filing/registration in Florida	4.	Document number
3.			
5. (a)	SUPERBIZ REGISTERED AGENT, INC Registered Agent and Registered Office shown on the recor		
	5647 110TH AVENUE NORTH	ids of the 1 which to the	i. or state.
	Registered Office Address (MUST BE FLORIDA STR.	EET ADDRESS)	
	ROYAL PALM BEACH	33411	600
(b)	Registered Agents Inc.		202
(0)	Enter name of NEW Registered Agent and/or NEW Regis	stered Office address	2021 DEC
	7901 4th St N		SSE SSE
	NEW Registered Office Address:		
	STE 300		AMIII: 14 OF STATE E. FLORID,
	St. Petersburg	, FL 33702	D
the ch agent was/w the ar	limited liability company is not organized under the ange or changes are made, the Florida street addrewill be identical. Or, in the case of a Florida limit were authorized by an affirmative vote of the membricles of organization or the operating agreement or	ess of the registere ted liability compa bers of the limited of the limited liabi	ed office and the business office of the registers any, it is hereby confirmed that the change(s) liability company or as otherwise provided in lity company.
Cinn	ature of a member or authorized representative of a member	Riley P	Printed or typed name of signee
I herovi: provi: the ol to me notifi	eby accept the appointment as registered agent an sions of all statutes relative to the proper and com digations of my position as registered agent as pro rely reflect a change in the registered office addre ed in spriting of this change.	of agree to act in t	his capacity. I further agree to comply with the of my duties, and I am familiar with and accenter 605, F.S. Or, if this document is being file that the limited liability company has been

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

Signature of Registered Agent