L 21000098601

(Requestor's Name)					
(Address)					
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(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Business Linky Hame)					
(Document Number)					
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COVER LETTER

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то:	Amendment Section Division of Corporations
SUBJI Name	CT: Bennett Property Group, LLC f Corporation
DOCL	MENT NUMBER: L21000098601
The en	losed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please	eturn all correspondence concerning this matter to the following:
Seth Bo	nnett
Name	f Contact Person
Bennet	Property Group, LLC
Firm/C	mpany
930 Fe	ı Ave
Addres	
Orland	FL 32814
City/Si	te and Zip Code
	seth@bennettpropertygrp.com
E-mai	address: (to be used for future annual report notification)
For fur	ner information concerning this matter, please call:
Seth B	at (
	Name of Contact Person Area Code & Daytime Telephone Number
Enclos	d is a \$35,00 check made navable to the Department of State

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of ch	ange is submitted for a corporation	617.0502, 607.1508, or 617.1508, i n organized under the laws of the S	State of Florida		
		r registered agent, or both, in the S	State of Florida.		
1. The name of	the corporation: Bennett Property	Group, LLC			
2. The principa	office address: 930 Fern Ave, Orla	ando. FL 32814			
3. The mailing	address (if different):				
4. Date of incorporation/qualification: March 01, 2021 Document number: L21000098601					
5. The name an		stered agent and registered office o			
	Seth L Bennett				
	13639 Tortona Lane, APT 2323				
	Windermere, FL 34786		70		
6. The name an (if changed):		red agent (if changed) and /or regis	1		
	Seth L Bennett		3 m		
	930 Fern Ave		PH 5: 21		
	Orlando, FL 32814	P.O. Box NOT acceptable	24 ————————————————————————————————————		
The street addr as changed wil	ess of its registered office and the libe identical.	e street address of the business of	fice of its registered agent.		
		adopted by its board of directors obeen notified in writing of the cha	or by an officer so nge.		
Sixte	Bert	Seth Bennett / Manager			
Signati	ure of an officer or director	Printed or typed n	name and title		
of my duties, as document is be	t the appointment as registered as to comply with the provisions of and I am familiar with and accept ing filed merely to reflect a changs been notified in writing of this is a change.	gent and agree to act in this capaa all statutes relative to the proper the obligation of my position as re ge in the registered office address change.	city. and complete performance egistered agent. Or, if this , I hereby confirm that the		
_ Soll,	Kent	10/30/2023			
Si	gnature of Registered Agent	Date			
If signing on be	ehalf of an entity:				
Seth Bennett		_			
-	Expert or Printal Nome				

* * * FILING FEE: \$35.00 * * *