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(F	Requestor's Name)
(/	Address)
(/	Address)
(0	City/State/Zip/Phone #)
(E	Business Entity Name)
])	Document Number)
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COVER LETTER

TO: **Registration Section** Division of Corporations

SUBJECT: 501F CHINA'S COVE LLC

Name of 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 matter to the following:

Melissa Jones

Name of Person

ZenBusiness Inc.

Firm/Company

336 E. College Ave. Suite 301

Address

ra@zenbusiness.com

Tallahassee, FL 32301		
City/State and Zip Code	··· <u> </u>	- `}
a@zenbusiness.com		
E-mail address: (to be used for future annual report r	notification)	
or further information concerning this matter, please call		•e ¹
Melissa Jones at (493-6249	
Name of Person	Area Code & Daytime Telephone Number	
Mailing Address:	Street Address:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327	The Centre of Tallahassee	
Tallahassee, FL 32314	2415 N. Monroe Street. Suite 810	
	Tallahassee, FL 32303	

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.

1. N	Name of the limited liability company: 501F CHI	NA'	S COVE LLC		
2. (a)	913 BEAL PARKWAY NW		(b) 913 BEAL PARKWAY NW		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	STE A-188		STE A-188		
	FORT WALTON BEACH, FL 32547	, 	FORT WALTON BEACH, FL 32547		
	03/09/2021	_	L21000112618		
3.	Date of filing/registration in Florida Registered Agents Inc.	4.	Document number		
5. (a)	Registered Agent and Registered Office shown on the records of the 7901 4th St N	ne Flori	ida Dept. of State:		
	Registered Office Address (MUST BE FLORIDA STREET A STE 300	<u>DDRE</u>	<u>\$55)</u>		
	St. Petersburg, FL,	33702			
(b)	ZenBusiness Inc				
	Enter name of NEW Registered Agent and/or NEW Registered (Office a	address:		
	336 E. College Ave.		29 <u>7</u> 2 J		
	NEW Registered Office Address;	NEW Registered Office Address:			
	Suite 301				
	Tallahassee, FL	32301			
chang agent was/w the art	limited liability company is not organized under the laws e or changes are made, the Florida street address of the r will be identical. Or, in the case of a Florida limited liab ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the li	egister ility c the li	red office and the business office of the registered company, it is hereby confirmed that the change(s) mited liability company or as otherwise provided in		
	Nicholas Lynn Kibe	N	icholas Lynn Kibe		
Signa	ture of a member or authorized representative of a member		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.

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Signature of Regis	ered Agel	ht		

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