Division of Corporations Division of Corporations Division of Carporations Electronic ErlingtCorer Sheet

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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 for future for annual report mailings. Enter only one email address please.**

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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 company: (Note: MUST BE STREET ADDRESS)		(b)			
	7901 4th St N STE 300		7901 4th St N STE 300			
	St. Petersburg FL 33702	St. Petersburg FL 33702				
	03/09/21		L2	1000113373		
	Date of filing/registration in Florida	4.		Document numbe	ľ	
(a)	GARCIA, SANDRA					
()	Registered Agent and Registered Office shown on the records o	the Flori	da Dep	n. of State:		
	Registered Office Address (MUST BE FLORIDA STREET	ADDRE:	<u>(S)</u>			
	20830 N.E MIAMI CT					
	MIAMI	3317	'9			
(b)	Northwest Registered Agent	LLC			202: SEC TALL	
	Enter name of NEW Registered Agent and/or NEW Registere	d Office a	ddress	<u></u>	AHA AHA	
	7901 4th St N				P ILE 2021 NOV -2 SLOKE JARY O ALLAHASSEE,	
	NEW Registered Office Address:					
	STE 300				l: 4 IATE ORIO	
	St. Petersburg	_3370	2		A 4	
ie cha gent w as/we	mited liability company is not organized under the lange or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lare authorized by an affirmative vote of the members cles of organization or the operating agreement of the	ws of the fit of the fit of the fit of the fit of the lit of the l	e Star gistere compa mited	ed office and the business (any, it is hereby confirmed (liability company or as of	office of the registered – I that the change(s)	
	Mongen Jothen			n Noble		
Signat	ignature 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 the change.

Signature of Registered Agent

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