121000186460

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phon	ie #)					
	MAIL					
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						



07/05/22--01023--018 **25.00

2022 JUL -5 AH 9: 17

Ra Chang



Office Use Only

TO: Registration Section Division of Corporations

SUBJECT: 3607 BRIDGEWOOD LLC

Name of Limited Liability Company

Dear Sir or Madam:

1

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

Tallahassee, FL 32301

City/State and Zip Code

ra@zenbusiness.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Melissa Jones	844 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

\$55 Filing Fee & Certified Copy

1 JUL -5 MH 9:

، ، س ، ، سي

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.	Na	me of the limited liability company: <u>3607 BRI</u>	DGE	WOOD	LLC		
2.		2765 SHADE TREE DRIVE	ጡ	2765 \$	SHADE TRE	EE C	DRIVE
Z .	(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
		ORANGE PARK, FL 32003	_	ORAN	IGE PARK,	FL	32003
			_				
		04/21/2021		L21000	0186460		
3.		Date of filing/registration in Florida	4.]	Document number		
5.	(a)	Registered Agents Inc.					
		Registered Agent and Registered Office shown on the records of th	e Fiorida	Dept. of State	•		
		7901 4th St N					
		Registered Office Address (MUST BE FLORIDA STREET A	DDRESS	2			
		STE 300				2	
		St. Petersburg	33702			2022 JUL	
	(b)	ZenBusiness Inc			-	JUL -5	
Enter name of NEW Registered Agent and/or NEW Registered Of			Office ad	dress:		<u>Al</u>	- • -
		336 E. College Ave.					4 ¢ ;
		NEW Registered Office Address:			· · · · · · · · · · · · · · · · · · ·	L I	
		Suite 301		<u> </u>			
		Tallahassee, FL,	32301				
cha age was	inge int v s/we	imited liability company is not organized under the law or changes are made, the Florida street address of the r vill 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	egistere vility co the lim	d office and mpany, it is ited hability	the business office hereby confirmed company or as oth	e of the that the	e registered e change(s)
	/s/ David K Graham David K Graham						
	•	ture of a member or authorized representative of a member			Printed or typed name	-	
pro the to i	ovisi obl ner	by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address, I he alin writing of this change.	artorni	mce at mu d	whes and Lam fan	ntiar w	ath and accept

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

Signature of Registered Agent