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To:

Division of Corporations

15129570210

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

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

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LLC REGISTERED AGENT CHANGE 1104 NORTH DIXIE HIGHWAY LLC

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Help

COVÉR LETTER

TO: Registration Section

Division of Corporations

1104 NORTH DIXIE HIGHWAY 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:

Joshua Murphy			
Name of Person		-	
Registered Agent Solutions, Inc.			
Firm/Company	-		
Corporate Center One, 5301 Southwes	t Pkwy, Ste 40	00	
Address		-	
Austin, TX 78735			
City/State and Zip Code		<u></u>	
City/State and Zip Code		<u>.</u>	
City/State and Zip Code E-mail address: (to be used for future ann	ual report notific	ation)	
·		ation)	
E-mail address: (to be used for future ann	please call:	ation) 705-7274	
E-mail address: (to be used for future ann	please call:		e Telephone Number
E-mail address: (to be used for future ann For further information concerning this matter, Joshua Murphy	please call: at (705-7274) Area Code & Daytime	e Telephone Number
E-mail address: (to be used for future ann For further information concerning this matter, Joshua Murphy Name of Person STREET/COURIER ADDRESS:	please call: at (705-7274) Area Code & Daytime	e Telephone Number
E-mail address: (to be used for future ann For further information concerning this matter, Joshua Murphy Name of Person STREET/COURIER ADDRESS: Registration Section	please call: at (705-7274) Area Code & Daytime	e Telephone Number
E-mail address: (to be used for future annotation concerning this matter, Joshua Murphy Name of Person STREET/COURIER ADDRESS: Registration Section Division of Corporations	please call: 888 at (MAI Regi Divi P.O.	705-7274) Area Code & Daytime HLING ADDRESS: stration Section sion of Corporations Box 6327	
E-mail address: (to be used for future ann For further information concerning this matter, Joshua Murphy Name of Person STREET/COURIER ADDRESS: Registration Section	please call: 888 at (MAI Regi Divi P.O.	705-7274) Area Code & Daytime HLING ADDRESS: stration Section sion of Corporations	

☐ \$55 Filing Fee & Certified Copy

□ \$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. Name of the limited liability company: 1104 NC	ORTH DIXIE HI	GHWAY LLC		
_{2. (a)} 1104 N DIXIE HWY	N DIXIE HWY			
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b) 1104	failing address of limited liability company. (Note: MAY BE POST OF FICE BOX)		
LAKE WORTH, FL 33460	LAKE WORTH, FL 33460			
4/30/2021	L 21000)189540		
3. Date of filing/registration in Florida	4.	Document number		
BLUMBERGEXCELSIOR CORPORATE				
5. (a) Registered Agent and Registered Office shown on the record				
155 OFFICE PLAZA DRIVE		.		
Registered Office Address (MUST BE FLORIDA STRE	ET ADDRESSI			
TALLALIACOEE	22201			
TALLAHASSEE,	. _{FL} 32301			
(b) Registered Agent Solutions, Inc	2.	pang DIVI		
Enter name of NEW Registered Agent and/or NEW Regist				
155 Office Plaza Dr.		254.2 Po		
NEW Registered Office Address:		Case P		
Suite A		PH 5: 14 GF STATE GF STATE GF STATE GF STATE		
Tallahassee	, FL 32301	SHOOTS IN		
If the limited liability company is not organized under the the change or changes are made, the Florida street addres agent will be identical. Or, in the case of a Florida limite was/were authorized by an affirmative vote of the member the articles of organization or the operating agreement of	is of the registered officed liability company, it is ers of the limited liability continuity continuity continuity.	e and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in npany.		
/s/ Heather Vinas	Heather Vina	Authorized Person Printed or typed name of signee		
Signature of a member or authorized representative of a member	I make to and in this care	•		
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and comp the obligations of my position as registered agent as proto to merely reflect a change in the registered office address notified in writing of this change.	i agree to act at this Edp lete performance of my wided for in Chapter 60, s, I hereby confirm that	duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been		

Mackenzie Hart, Asst. Secretary

Signature of Registered Agent