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To:

Division of Corporations

Fax Number : (850)617-6383

From:

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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.\*\*

Email	Address:		
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## LLC REGISTERED AGENT CHANGE 3241 LIBERTY SQUARE LLC

Certificate of Status	0
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**COVER LETTER** TO: Registration Section Division of Corporations 3241 LIBERTY SQUARE 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 Southwest Pkwy, Ste 400 Address Austin, TX 78735 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Joshua Murphy 705-7274 Area Code & Daytime Telephone Number Name of Person **MAILING ADDRESS:** STREET/COURIER ADDRESS: Registration Section Registration Section **Division of Corporations** Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, Florida 32314 2661 Executive Center Circle Tallahassee, Florida 32301

\$55 Filing Fee & Certified Copy

INHS18 (2/14)

□ \$25 Filing Fee

Enclosed is a check for the following amount:

15129570210

## 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

rwince						
I. Na	me of the limited liability company: 3241 LI	BERTY SQUAR	RE LLC			
2. (a)	11348 US HIGHWAY 301	<sub>(b)</sub> 36 TH	IE OAKS			
4. (a)	Principal office address of limited liability company:	Mailing address of limited liability company:				
	(Note: MUST BE STREET ADDRESS)		(Note: MAY BE POST OFFICE BOX)			
	RIVERVIEW, FL 33578	ROSLY	N ESTATE, NY 1	115/6		
	5/4/2021	L21000	193855			
3.	Date of filing/registration in Florida	4.	Document number			
5. (a)	BLUMBERGEXCELSIOR CORPORATE					
	Registered Agent and Registered Office shown on the record	:				
	155 OFFICE PLAZA DRIVE, 1ST F					
	Registered Office Address					
	-					
	TALLAHASSEE	, FL 32301		20		
(b)	Registered Agent Solutions, Inc	<b>)</b> .	-	2022 JUL		
(-,	Enter name of NEW Registered Agent and/or NEW Regist	•				
	155 Office Plaza Dr.			W W W		
	NEW Registered Office Address:		•	U W U		
	Suite A			52		
	Tallahassee	, <sub>FL</sub> 32301				
the cha agent v was/we	imited liability company is not organized under the inge or changes are made, the Florida street addres will be identical. Or, in the case of a Florida limite are authorized by an affirmative vote of the member icles of organization or the operating agreement of	is of the registered office and liability company, it is ers of the limited liability	and the business office hereby confirmed that company or as otherw	e of the registered the change(s)		
	bert Parisi	Albert Parisi		rized Person		
Signa	ture of a member or authorized representative of a member		Printed or typed name of sig	gnee		

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.

Mackenzie Hart, Asst. Secretary Signature of Registered Agent