(((H24000186242 3)))



H240001662423ABC\$

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone

: (307)200-2803

Fax Number : (813)436-5206

* 2.79 Mag
tator _{es}
<u>. </u>

ກັ	LPUGEX the	email address for this business entity to be used for future
<u>:</u>	- E-annual	report mailings. Enter only one email address please.**
E	O 105	
	- ⊊:Email	Address:
7		
J		
=	공료들	LLC REGISTERED AGENT CHANGE

HIGHBRIDGE POOL & SPA SERVICE LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

M. SOLOMON

MAY 2 4 2024

Electronic Filing Menu Corporate Filing Menu

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: HIGHBRIDGE PO	OL & SPA SERVIC	ELLC		
2.	(a)		(b)			
	•	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
2		04/30/2021	L2100020	<u> </u>		
3.		Date of filing/registration in Florida	4.	Document number		
5.	(a)	Registered Agent and Registered Office shown on the records of t	he Florida Dept. at S	1210:		
		476 RIVERSIDE AVE.				
		Registered Office Address (MUST BE FLORIDA STREET A	2024 HAY 24			
		JACKSONVILLE FL	32202	- PA		
	(b)	Registered Agents Inc		3: 19	\ <u></u>	
	` '	Enter name of NEW Registered Agent and/or NEW Registered	Office address:			
		7901 4th St N				
		NEW Registered Office Address:				
		STE 300				
		St. Petersburg, FL_	33702			
the age wa	cha ent v s/we	imited liability company is not organized under the lawinge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited liagre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the registered off bility company, i f the limited liabi	ice and the husiness office of the registeron to it is hereby confirmed that the change(s) lity company or as otherwise provided in	ed	
-5	Signat	ture of a member or authorized representative of a member		Printed or typed name of signee		
the to	ovisi obli mere	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete igations of my position as registered agent as provided ly reflect a change in the registered office address, I h I in writing of this change.	ge to act in this co performance of m I for in Chapter 6 pereby confirm the	apacity. I further agree to comply with the sy duties, and I am familiar with and acce 105, F.S. Or, if this document is being file at the limited liability company has been	e pt d	
Sis		David Roberts - Assistant Se re of Registered Agent	cretary			