

L21000210792

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

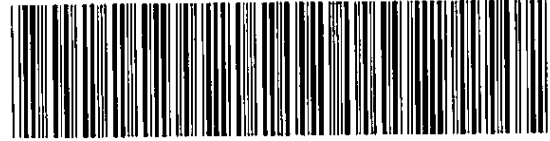
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2023 OCT 18 PM 12:40

*[Signature]*

R. HUNT

10/18/23

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Florida 257, 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:

Lori Palmer  
\_\_\_\_\_  
Name of Person

FL Investor Services, INC  
\_\_\_\_\_  
Firm/Company

520 E. 22nd Street  
\_\_\_\_\_  
Address

Lombard, FL 32044  
\_\_\_\_\_  
City/State and Zip Code

lori@dia/caselaw.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lori Palmer at ( 847 ) 830-4981  
\_\_\_\_\_  
Name of Person Area Code & Daytime Telephone Number

**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
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

STATE OF FLORIDA  
DIVISION OF CORPORATIONS  
2023 OCT 18 PM 12:40

**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: Florida 257, LLC

2. (a) 12534 Buffing Road, Port Charlotte, FL 33919 (b) 520 E. 22nd Street, Lombard, IL 60148  
 Principal office address of limited liability company: Mailing address of limited liability company:  
*(Note: MUST BE STREET ADDRESS)* *(Note: MAY BE POST OFFICE BOX)*

3. 05/05/2021 4. L21000210792  
 Date of filing/registration in Florida Document number

5. (a) INCORP SERVICES, INC.  
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*  
3458 LAKESHORE DRIVE  
TALLAHASSEE, FL 32312


(b) FL INVESTOR SERVICES, INC  
 Enter name of NEW Registered Agent and/or NEW Registered Office address:  
NEW Registered Office Address:  
1133 BAL HARBOR BLVD, SUITE 1139, # 312  
PUNTA GORDA, FL 33950

STATE DEPT OF STATE  
 DIVISION OF CORPORATIONS  
 2023 OCT 18 PM 12:40

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

 RAHUL VISAL  
 Signature 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 this change.*

  
 Signature of Registered Agent