621000226296

(Requestor's Name)			
(Addr	(Address)		
(Address)			
(City/s	State/Zip/Phon	e #)	
(,	
PICK-UP	MAIT	MAIL	
(Busin	ness Entity Nar	ne)	
(Docu	ment Number)		
Certified Copies	Certificates	s of Status	
			
Special Instructions to Fil	ing Officer:		

Office Use Only



500426296215

04/02/24--01005--009 **25.00





COVER LETTER

	istration Section sion of Corporations				
SUBJECT:	Municipal Shale V, LLC				
	N	ame of Limited L	iability Company		
Dear Sir or N	Madam:				
The enclosed	d Registered Agent/Registered C	Office Change and	fee(s) are submitted for filing.		
Please return	all correspondence concerning	this matter to the	following:		
Kayla King					- 4
 	Name of Person		_		My con
Corp1, Inc.					1
	Firm/Company			in in in in	
7700 E Arapa	thoe Rd Ste 220				9: 30
- -	Address		_	14	0
Centennial, C	O 80112				
	City/State and Zip Code		_		
E-mail	address: (to be used for future a	nnual report notif	ication)		
For further in	nformation concerning this matte	er, please call:			
Kayla King		720 at (823-9165)		
	Name of Person		Area Code & Daytime Telep	phone Nun	nber
Regi Divi P.O.	ling Address: stration Section sion of Corporations Box 6327 ahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahasse 2415 N. Monroe Street, S Tallahassee, FL 32303	e	
Encl	osed is a check for the followin	ng amount:			
■ \$2	25 Filing Fee	□ \$5	55 Filing Fee & Certified Copy	,	

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. N	ame of the limited liability company: Municipal Shale	V, LLC		
2. (a)	241 ATLANTIC BLVD	(b) ²		241 ATLANTIC BLVD
(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(·) .	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	#201		i	#201
	NEPTUNE BEACH, FL 32266	<u> </u>	-	NEPTUNE BEACH, FL 32266
	05/17/2021		L	L21000226296
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	OLSON, DAVID			
J. (u)	Registered Agent and Registered Office shown on the records of	the Florid:	a D	Dept. of State:
	241 ATLANTIC BLVD			
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS	S)	
	#201			· · · · · · · · · · · · · · · · · · ·
	NEPTUNE BEACH , FL	32266		
(b)	Registered Agents Inc			
	Enter name of NEW Registered Agent and/or NEW Registered	Office ad	ldre	
	7901 4th St N			JE 30
	NEW Registered Office Address:			
	Ste 300	<u> </u>		·
	St. Petersburg , FL	33702		
cnange agent v was/we	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia are authorized by an affirmative vote of the members of teles of organization or the operating agreement of the	registere bility co of the lim	ed (omp nite	office and the business office of the registered apany, it is hereby confirmed that the change(s) ed liability company or as otherwise provided in
	ren Sokalsky			n Sokalsky
Signat	ture of a member or authorized representative of a member	-		Printed or typed name of signee
the obli to mere notified	by accept the appointment as registered agent and agro ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided ely reflect a change in the registered office address, I h I in writing of this change.	ee to act performa I for in C sereby co	in anc Cha onfi	this capacity. I further agree to comply with the ce of my duties, and I am familiar with and accept apter 605, F.S. Or, if this document is being filed firm that the limited liability company has been
	VID ROBERTS			
Signatui	re of Registered Agent			