L21000 231 309

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

Division of Corporations			
Forefront Realty, LLC SUBJECT:			
	Name of Limited	Liability Company	
Dear Sir or Madam:			
The enclosed Registered Agent/Regist	ered Office Change a	nd fee(s) are submitted for filing.	
Please return all correspondence conce	erning this matter to th	ne following:	
Melody Williams			
Name of Pers	on	**************************************	
Forefront Realty, LLC			
Firm/Compar	y		
7097 N Serenoa Drive		ر را بسر ا	2024
Address			2024 JUL 18 PH 11:10
Sarasota, FL 34241		### ### ##############################	187
City/State and Zip) Code		
melodyw213@gmail.com		ָרַ בַּ	
E-mail address: (to be used for fi	uture annual report no	tification)	[1]
For further information concerning thi	s matter, please call:		
Melody Williams	617 at (595-6984	
Name of Person		Area Code & Daytime Telephone Nu	mber
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 f	ollowing amount:		
■ \$25 Filing Fee	٥	\$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.

Principal office address of limited liab (Note: MUST BE STREET A) S/2021 Date of filling/registration in ered Agent and Registered Office show ody Williams tered Office Address (MUST BE F)	Florida n on the records of	4.	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 0231309 Document number
Date of filing/registration in ered Agent and Registered Office show ody Williams tered Office Address (MUST BE F)	n on the records of	4.	Document number
Date of filing/registration in ered Agent and Registered Office show ody Williams tered Office Address (MUST BE F)	n on the records of	4.	Document number
ody Williams tered Office Address (MUST BE F)		the Florida Dept. o	f State:
ody Williams tered Office Address (MUST BE F)		the Florida Dept. o	of State:
tered Office Address (MUST BE FI	TARINA STREET		
	ADIDA CTOEET		
	.CRIDA OTRLLI.	4DDRESS)	
Man of War Circle			
sota	FI	34240	(n ~2
			— SEC
·			TRUE SE
name of <u>NEW Registered Agent</u> and/c	or <u>NEW Registered</u>	Office address:	2024 JUL 18 SECRETALLY TALLY ALLY
Registered Office Address:			
7 N Serenoa Drive			·, 0
			
sota	, F1	34241	
	Registered Office Address: 7 N Serenoa Drive Isota I liability company is not organiz	name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> 2 Registered Office Address: 7 N Serenoa Drive 1 Sota Floribility company is not organized under the lay	name of NEW Registered Agent and/or NEW Registered Office address: [Registered Office Address: 7 N Serenoa Drive

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00