## Florida Department of State

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(((H22000285011 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

: INCPILE.COM LLC Account Name Account Number : I20220000070 Phone : (888)462-3453 Fax Number : (877)919-2613

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Rmail	Address:			

## LLC REGISTERED AGENT CHANGE RESIDE PROPERTIES LLC

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

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Help

AUG 2 4 2022

C	OVER LETTER .
TO: Registration Section Division of Corporations	• -
RESIDE PROPERTIES LLC SUBJECT:	
Name of L	imited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Ch	ange and fee(s) are submitted for filing.
Please return all correspondence concerning this matt	er to the following:
LOVETTE DOBSON	
Name of Person	
INCFILE.COM LLC	
Firm/Company	
17350 STATE HWY 249 #220	
Address	
HOUSTON, TEXAS 77064	
City/State and Zip Code	<del></del> _
EFILE1234@INCFILE.COM	
E-mail address: (to be used for future annual re-	port notification)
For further information concerning this matter, please	e call:
LOVETTE DOBSON at	888 462-3453
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 amou	unt:
■ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy
INHS18 (2/14)	(((H22000285011 3)))

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY (((H22000285011 3)))

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.

. N	ame of the limited liability company: RESIDE PROPE	RTIES LLC	
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)
	1150 NW 72ND AVE TOWER 1 STE 455 #4121	1150 NW 72ND AVE TOWER 1 STE 455 #4121	
	MIAMI, FL 33126	N	MIAMI, FL 33126
	05/19/2021	1.2	21000233167
	Date of filing/registration in Florida	4.	Document number
. (a)			
. (4,	Registered Agent and Registered Office shown on the records of	f the Florida De	Dept. of State:
	LEGALINC CORPORATE SERVICES INC.		
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	<del></del>
	5237 SUMMERLIN COMMONS SUITE 400		
	FORT MYERS , F.	33907 L	
			<b>202</b>   SE   AL
(b)	Enter name of NEW Registered Agent and/or NEW Registere		
	Daryi Brezee		### m <b>£</b> A
	NEW Registered Office Address:		- In the second
	1005 N. Ridgewood Dr		
	Sebring	33870	
	, F	L	
hang gent vas/w he an	limited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	e registered of iability composition of the limited liab	l office and the business office of the registered apany, it is hereby confirmed that the change(s) ted liability company or as otherwise provided in
Sign	ature of a member or authorized representative of a member	<u></u>	Printed or typed name of signee
rovis he ob o mei	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide rely reflect a change in the registered office address, I are in writing of this change.	ree to act in performanced for in Cha hereby conf	n this capacity. I further agree to comply with the nce of my duties, and I am familiar with and accep napter 605, F.S. Or, if this document is being filed nfirm that the limited liability company has been
<u>√or</u>	ul Brezel		
១ខ្សោងប	ure di Registered Agent		