67/0002119691

(Requestor's Name)	
(Address)	
(Address)	_
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	_
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	_
Special histroctions to Filling Onicer.	

Office Use Only



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03/26/24--01030--010 **25.00



03/26/24

COVER LETTER

Division of C				
SUBJECT: Anna	bee Llc			
		f Limited Li	lability Company	-
Dear Sir or Madam:				
The enclosed Registe	rred Agent/Registered Office (Change and	fee(s) are submitted for filing.	
Please return all corr	espondence concerning this m	natter to the	following:	
11. (
Harbor Complia	Name of Person			
	Name of Person			
	Firm/Company		_	
1920 Colonial	Villaga Lana			•
1830 Colonial	Address		_	
	Address			-
Lancaster, PA	17601			
(City/State and Zip Code		-	C.
paralegal@wn	nplc.com			
	(to be used for future annual	report notif	ication)	
For further information	on concerning this matter, plea	ase call:		
Dana Micciche	a	nt (<u>717</u>	431-9166	
Nam	ie of Person		Area Code & Daytime Telephone Numb	er
Registration Division of C Clifton Build 2661 Executi	Corporations	Reg Div P.C	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 Ilahassee, Florida 32314	
Enclosed is a	a check for the following am	ount:		
🗅 \$25 Filing	; Fec	□ \$5	55 Filing Fee & Certified Copy	
INHS18 (2/14)				

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

Pr	incipal office address of limited lia	bility company:	_ '	.00,	Mailing address of l	imited liability company
	(Note: MUST BE STREET A	DDRESS)			(Note: MAY BE	POST OFFICE BOX)
112 S	eascape Dr Unit 1810			112 Sea	scape Dr Un	it 1810
Miram	ar Beach Florida 32550		_	Miramar 8	Beach Florida	32550
05-27	-2021			L21000	249091	
	Date of filing/registration in	Florida	4.		Document num	ber
)						
Registered	Agent and Registered Office show	vn on the records of t	the Flori	ia Dept. of State	::	
NORT	HWEST REGISTERE	D AGENT LL	С			
Registere	d Office Address (MUST BE F.	LORIDA STREET A	<u> 1DDRES</u>	<u>(S)</u>	•	
7901 4	TH ST N SUITE 300					
Saint I	Petersburg	, FL	33702	2		
Enter nam	e of NEW Registered Agent and	or NEW Donistared	Office of	ddrave:		
Litter mann	e of NEW Registered Agent and	II MEW REGISTERE	Office a	<u>uaress</u> .		
Regi	stered Agents Inc					6.7
NEW Re	gistered Office Address:					03
7901	4th St N Ste 300					
	etersburg	. FL	3370	12		

the articles of organization or the operating agreement of the limited liability company.

/s/ Ted Heims	Ted Heims	
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.

David Roberts - Assistant Secretary

Signature of Registered Agent