7/30/2021

lorida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Fax Number : (850)617-6383

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Account Name : REGISTERED AGENTS INC.

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LLC REGISTERED AGENT CHANGE AMHERST NATIONAL MOVING AND STORAGE LLC

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Electronic Filing Menu Corporate Filing Menu

Help

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

Name of the limited liability co	mpany: AMHERST	NATIONAL M	IOVING AND STORAGE LLC		
_{2. (a)} 4861 DIXIE HIGHW	4061 DIVIE HICHMAY		(b) 827 SW 12 ST		
Principal office address o (Note: MUST BE)	limited liability company: STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
SUITE 201		 			
OAKLAND PARK,	FL 33334	FORT L	AUDERDALE, FL 33315		
06/14/21			L21000274938		
3. Date of filing/regis	tration in Florida	4.	Document number		
5 (a) CHRISTOPHER KEAI	VĒ.				
5. (a) CHRISTOPHER REAL Registered Agent and Registered		the Florida Dept. of Sta	ne:		
827 SW 12 ST					
Registered Office Address (M	UST BE FLORIDA STREET	ADDRESS)	_		
			2 DIV.		
FORT LAUDERDA	LE FI	33315	SECRI DIVISION 21 JUL		
Registered Age	nts Inc.		SECRETARY IVISION OF C		
(b) TCGIStCTCU AGCITCS 1110. Enter name of NEW Registered Agent and/or NEW Registered Office address:					
7901 4th St N			PH 3: 28		
NEW Registered Office Address			ONS		
STE 300					
St. Petersburg	, FI	33702			
the change or changes are made, the agent will be identical. Or, in the c	e Florida street address of a Florida limited living vote of the members	f the registered offi iability company, it of the limited liabil	Florida, it is hereby confirmed that after ce and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in impany.		
Signature of a member or authorized rep	resentative of a member		Printed or typed name of signee		
provisions of all statutes relative to the obligations of my position as re to merely reflect a change in the re notified in writing of this change.	o the proper and complete gistered agent as provide gistered office address, l	ree to act in this ca e performance of m ed for in Chapter 60 hereby confirm tha nt Secretary	pacity. I further agree to comply with the v duties, and I am familiar with and accept 05, F.S. Or, if this document is being filed it the limited liability company has been		

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