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| (Decorated News) | | | | | | | | |
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| PICK-UP WAIT MAIL | | | | | | | | |
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| Certified Copies Certificates of Status | | | | | | | | |
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| Special Instructions to Filing Officer: | | | | | | | | |
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Office Use Only





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COVER LETTER

| TO: | Registration Section Division of Corporations | | | - | | |
|--|---|----------------------|----------------------------------|---|-------------|---|
| CUDU | ECT: 1111 GIFFORD AVENUE | ELLC | • | | | |
| 20BJ | | Name of Limited L | iability Company | | | |
| Dear S | Sir or Madam: | | | | | |
| The er | nclosed Registered Agent/Registered | Office Change and | fee(s) are submitted for filing. | | | |
| | return all correspondence concerning | _ | _ | | | |
| riease | terms an correspondence concerms | g into matter to the | lonowing. | | | |
| Melis | sa Jones | | | | | |
| | Name of Person | | | | | |
| ZenBu | siness Inc. | | | | | |
| | Firm/Company | | <u> </u> | | | |
| 2265 | • • | | | | | |
| 330 E. | College Ave. Suite 301 | | <u> </u> | | | |
| | Address | | | ا د مامد | 2022 | |
| Tallah | assee, FL 32301 | | | | 2022 JUL -5 | • |
| | City/State and Zip Coo | le | | ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; | | |
| ra@ze | nbusiness com | | | , , | | |
| 1 | E-mail address: (to be used for future | annual report notif | ncation) | | 9. | 1 |
| For fu | rther information concerning this mat | tter, please call: | | • | S | |
| Mel | issa Jones | 844 at (| 493-6249) | | | |
| - | Name of Person | | Area Code & Daytime Telepho | one Number | • \ | |
| | Mailing Address: | | Street Address: | | | |
| | Registration Section | | Registration Section | | | |
| Division of Corporations P.O. Box 6327 Division of Corporations The Centre of Tallahassee | | | | | | |
| | | | | | | |
| | Tallahassee, FL 32314 | | 2415 N. Monroe Street, Sui | ite 810 | | |
| | | | Tallahassee. FL 32303 | | | |
| | Enclosed is a check for the follow | ing amount: | | | | |
| | □ \$25 Filing Fee | □ \$ | 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 Florida.

| 1. Na | me of the limited liability company: 1111 GIFF | OR | D A | AVENUE LLC | · | | | |
|--------------------------------|--|--|---------------------------------------|---|--|--|--|--|
| 2. (a) | 1111 GIFFORD AVENUE NORTH | , | ₃₀ 11 | 111 GIFFORD A | VENUE NORTH | | | |
| Z. (B) | Principal office address of limited liability company: | | | Mailing address of limited liability company: | | | | |
| | (Note: MUST BE STREET ADDRESS) | | | <u> </u> | E POST OFFICE BOX | | | |
| | LEHIGH ACRES, FL 33936 | | Lf | EHIGH ACRE | ES, FL 33936 | | | |
| | | | | | | | | |
| | | _ | | | | | | |
| | 06/22/2021 | | <u>L2</u> | 1000289337 | | | | |
| 3. | Date of filing/registration in Florida | 4. | | Document nun | nber | | | |
| 5. (a) | Registered Agents Inc. | | | | | | | |
| J. (u) | Registered Agent and Registered Office shown on the records of th | e Florid | la Dept | t. of State: | | | | |
| | 7901 4th St N | | | | | | | |
| | Registered Office Address (MUST BE FLORIDA STREET A) | DDRES | <u></u> | | | | | |
| | STE 300 | | | | | | | |
| | St. Petersburg 3 | 37 0 2 | | | | | | |
| | , FL | | | | 202 | | | |
| ۵. | ZenBusiness Inc | | | | \$27. 2022 JUL | | | |
| (р) | Enter name of NEW Registered Agent and/or NEW Registered C | Office a | ddress | : | 1 | | | |
| | | | | • | <u>ن</u> ح | | | |
| | 336 E. College Ave. | | | | | | | |
| | NEW Registered Office Address: | | | | <u> </u> | | | |
| | Suite 301 | | | | ں ن | | | |
| | | _ | | | | | | |
| | Tallahassee , FL 3 | 32301 | | | | | | |
| | , | - | | | | | | |
| | mited liability company is not organized under the laws or changes are made, the Florida street address of the n | | | | | | | |
| agent v | vill be identical. Or, in the case of a Florida limited liab | ility c | ompai | ny, it is hereby confiri | med that the change(s) | | | |
| was/we the a rti | ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li | the lu mited | nited liabili | liability company or a ity company. | s otherwise provided in | | | |
| | fortense P. Russell | | | nse P. Russell | | | | |
| | ture of a member or authorized representative of a member | | | Printed or typed i | name of signee | | | |
| provisi the obl to mere | by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address, I he fin writing of this change. | e to ac erform for in ereby c | t in the nance Chapi confirm | iis capacity. I further of my duties, and I an ter 605, F.S. Or, if thi in that the limited liab | agree to comply with the n familiar with and accept is document is being filed ility company has been | | | |
| Signatur | re of Registered Agent | | | | | | | |