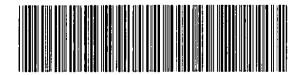
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Office Use Only



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COVER LETTER

Division of Corporations
SUBJECT: 2496 NW SG SL LLC Name of Limited Liability Company
Dear Sir or Madam:
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Stacy A. Fisher Name of Person
2496 NW SG DR LLC Firm/Company
2494 NW 89th Drive
Corc Sorings PL 33065 CityState and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Staa A Fisher at (954) 625-1616 Name of Person Area Code & Daytime Telephone Number
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee

Enclosed is a check for the following amount:

\$25 Filing Fee

Tallahassee. FL 32314

Registration Section

TO:

☐ \$55 Filing Fee & Certified Copy

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

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. Name of the limited liability company: 2496 NW 89 DR LLC	
2 (a) 2 494 NW 897 Drive (b) P.O. Box 7709	af_
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BO.	
Corel Springs PL 330KS Corel Springs +	22
10/18/2021 L2/0002973	319
3. Date of filing/registration in Florida 4. Document number	
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:	
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	~1
Suite 405	.;
Boca Rojan .FL 33434	5 - j.u.i tail
(b) Stephen Pateckis	-7:-
Enter name of NEW Registered Agent and/or NEW Registered Office address:	2: 15
2494 NW 89th Dive	0.
NEW Registered Office Address:	
2201	
(CCC) Springs FL >3045	
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that change or changes are made, the Florida street address of the registered office and the business office of the regist agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided the liability company or as otherw	ered gc(s)
the articles of organization or the operating agreement of the limited liability company. Standards of a member of authorized representative of a member and a member of signed of typed name	
Signature of a member or authorized representative of a member Printed of 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—change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent