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(R	equestor's Name)					
(A	ddress)					
(A	ddress)					
(C	ity/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	Certificates of	Status				
Special Instructions to Filing Officer:						



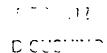


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Ba Chang



COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJ	ECT: 240 BONITA CIRCLE LLC		
		ne of Limited Liability Company	
Dear S	ir or Madam:		
The er	closed Registered Agent/Registered Offic	ice Change and fee(s) are submitted for filing.	
Please	return all correspondence concerning this	is matter to the following:	
Melis	sa Jones		
	Name of Person		
ZenBu	siness Inc.		
	Firm/Company	4 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 	
336 E.	College Ave. Suite 301		
	Address		; 2022 Jiji
Tallah	assee, FL 32301	•	•
	City/State and Zip Code	•	r Si
ra@ze	nbusiness com		<u> </u>
I	-mail address: (to be used for future annu	ual report notification)	<u>ස</u> ප
For fur	rther information concerning this matter, I		
Meli	ssa Jones	844 493-6249 at ()	
	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 a	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. N a	me of the limited liability company: 240 BONI	ΓΑ (CIRCLE L	LC			
2. (a)	240 BONITA CIRCLE	(b) 11223 LATIGO LANE					
Z. (a)	Principal office address of limited liability company. (Note: MUST BE STREET ADDRESS)	_ (Mai	ling address of l	imited lia	bility co	
	PANAMA CITY BEACH, FL 32408		PARKE	R, CO 8	3013	8	
		_		, , , , , , , , , , , , , , , , , , ,			
	07/02/2021		L210003	805308			
3.	Date of filing/registration in Florida	4.	Do	cument num	ber		
5. (a)	Registered Agents Inc.						
J. (a)	Registered Agent and Registered Office shown on the records of the	e Florid	a Dept. of State:				
	7901 4th St N						
	Registered Office Address (MUST BE FLORIDA STREET AL	DDRES	<u></u>				
	STE 300				- ,	202	
	St. Petersburg , FL 3	3702				2022 JUL	GIT T
(b)	ZenBusiness Inc				2'-	5	
	Enter name of NEW Registered Agent and/or NEW Registered O	office ac	ldress:		•	=======================================	
	336 E. College Ave.					9: 18	** *
	NEW Registered Office Address:						
	Suite 301						
	Tailahassee , FL	2301					
change agent w was/we the arti	mited liability company is not organized under the laws or changes are made, the Florida street address of the revill be identical. Or, in the case of a Florida limited liabilities authorized by an affirmative vote of the members of cles of organization or the operating agreement of the liability of Haight	egister ility co the lin mited l	ed office and the empany, it is he nited liability co- liability compar	e business of reby confirm ompany or as ny.	fice of the	the reg the cha	istered ange(s)
	ture of a member or authorized representative of a member	20	ckary E Ha	algill ated or typed a	me of sig	mee	
I herel provision the oblit to mere notifica	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete per igations of my position as registered agent as provided by reflect a change in the registered office address, I he lim writing of this change.	e to ac erform for in c reby c	h.;				y with the and accept being filed as been

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