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(((H24000215618 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : NELSON MULLINS RILEY & SCARBOROUGH, NAPLES

Account Number : I19990000199 Phone : (850)681-6810 Fax Number : (850)681-9792

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____matthew.mcroberts@nelsonmullins.com

LLC REGISTERED AGENT CHANGE 800 UNITED ST, LLC

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COVER LETTER

TO: Registration Section Division of Corporations					
800 UNITED ST, LLC SUBJECT:					
Songect:	Name of Limited Liability Company				
Dear Sir or Madam:					
The enclosed Registered Agent/Registere	ed Office Change an	d fec(s) are submitted for filing.			
Please return all correspondence concern	ing this matter to the	e followine:			
n 2 Otto		5			
Matthew McRoberts, Esq.					
Name of Person					
Nelson Mullins Riley & Scarborough					
Firm/Company					
5811 Pelican Bay Boulevard, Suite 204					
Address					
54					
Naples, FL 34108					
City/State and Zip (Jode				
matthew,mcroberts@nelsonmullins.com					
E-mail address: (to be used for futi	ire annual report not	ification)			
For further information concerning this	natter, please call:				
Matthew McRoberts, Esq.	239	325-0416			
Name of Person	at (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 foll	owing amount:				
■ \$25 Filing Fee		\$55 Filing Fee & Certified Copy			
INHS18 (2/14)					

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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.

2. (a)		(b)	
, ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	<u>-1 </u>		
	07/06/2021	L2i	000309784
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	Matthew S. McRoberts		
, (a)	Registered Agent and Registered Office shown on the records	s of the Florida Dep	ot, of State:
	Registered Office Address (MUST BE FLORIDA STREET	ET ADDRESS)	
	8625 Tamiami Trail N., Suite 202		
	Naples	34108	
		, r.L	207
(b)			
,	Enjer name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	ered Office addres	2024 (5 + 2 1
	Dr. Alan C. Farrugia		
	NEW Registered Office Address:		
	5710 North Davis Highway, Suite 1		्र
	Pensacola	, FL32503	
change agent was/w	imited liability company is not organized under the cor changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the member icles of organization or the operating agreement of	the registered of I liability comparts of the limited	ffice and the business office of the registered any, it is hereby confirmed that the change(s). I liability company or as otherwise provided in
	ale de	Dr. Alar	r C. Farrugia
_	iture of a member or authorized representative of a member		Printed or typed name of signee
I here provis the ob	by accept the appointment as registered agent and a ions of all statutes relative to the proper and completing ligations of my position as registered agent as prove why reflect a change in the refishered after a divises	agree to act in t ele performance ided for in Chaj : Thereby confi	this capacity. I further agree to comply with the c of my duties, and I am familiar with and accep oter 605, F.S. Or, if this document is being filed rm that the limited liability company has been
to mer notifie	d in writing of this change.	,	, , ,

-21

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