ivision of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : 120090000081 Phone : (307)200-2803

Fax Number

: (813)436-5206

完成mail Address:_

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

LLC REGISTERED AGENT CHANGE CRANDON PARTNERS LLC

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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.

I. Na	ame of the limited liability company:	RTNERS LLC	
2. (a)			
-,,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	07/13/2021		0320645
3.	Date of filing/registration in Florida	4.	Document number
5. (a)		· 	
	Registered Agent and Registered Office shown on the records of 1200 South Pine Island Road	the Florida Dept. of	l'State:
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)	 _
	Plantation, FI	33324	
(b)	REGISTERED AGENTS INC)24 DE
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office address:	- C27
	7901 4TH ST N		→
	NEW Registered Office Address.		
	STE 300		· F
	ST. PETERSBURG	33702	
change agent v was/we the arti	imited hability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited licere authorized by an affirmative vote of the members of cless of organization or the operating agreement of the turn of a member or authorized representative of a member.	registered offic- ability company, of the limited hal	e and the business office of the registered it is hereby confirmed that the change(s) bility company or as otherwise provided in company.
			Printed or typed name of signee
provisi the obl to mer notifica	by accept the appointment as registered agent and agreens of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I left in writing of this change.	vecto act in this performance of d for in Chapter hereby confirm t	capacity. I further agree to comply with the my duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed hat the limited liability company has been
1 9	Pd (급환하는 David Roberts		
Signatu	re of Registered Agent		