Division of Corporations

Florida Department of State

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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LLC REGISTERED AGENT CHANGE 1981 TRAILWINDS DRIVE LLC

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7/9/2024,₩:05:36 RDT To: 18506176383 Page: 2/2 Fax: 91343652

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	Tame of the limited liability company: 1981 TRAILWINE			
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(t		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
3.	07/15/21 Date of filing/registration in Florida	 _ 	L210003228	Document number
5. (a	SOUTHEAST FLORIDA TRUST LLC			
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State 1531 SE 12TH STREET Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		e: -	
	DEERFIELD BEACH , IFL	33441		-
(b)	Northwest Registered Agent LLC Enter name of NEW Registered Agent and/or NEW Registered Office address:		APPRO AR FILL 2824 JUL 10 GLOREDAR GLOREDAR GLOREDAR GLOREDAR	
	7901 4th St N			65 MOS
	NEW Registered Office Address: STE 300			7.EU
	St. Petersburg	33702		i i i i i i i i i i i i i i i i i i i
the ch agent was/w the ar	limited liability company is not organized under the lay ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited litere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the regisability co of the lim limited l	stered offict ompany, it i oited liabilit	e and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in apany.
Sign	ature of a member or authorized representative of a member			Printed or typed name of signee
provis the ob to mei	by accept the appointment as registered agent and agrificents of all statutes relative to the proper and complete ligations of my position as registered agent as provide rely reflect a change in the registered office address, I writing of this change.	performe d for in (hereby ce	in this cap ance of my Dhapter 605 onfirm that	acity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been
-/-	Taylor Newman - Assistant Source of Registered Agent	ecretary		