

121 000340287

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

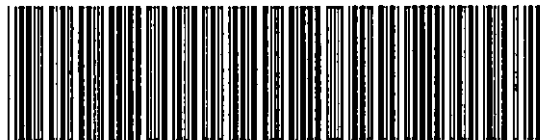
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: QOZB RASMUSSEN 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:

David Rasmussen
Name of Person

QOZB RASMUSSEN LLC
Firm/Company

3777 North John Young Parkway
Address

Orlando FL 32804
City/State and Zip Code

QOZB.TWO.LLC@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robin Forman at (386) 826-1653
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 amount:

- \$25 Filing Fee \$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 1, 2022

QOZB RASMUSSEN LLC
3777 NORTH JOHN YOUNG PARKWAY
ORLANDO, FL 32804

SUBJECT: QOZB RASMUSSEN, LLC
Ref. Number: L21000340287

We have received your document for QOZB RASMUSSEN, LLC and your check(s) totaling \$75.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6939.

Stacy Prather
Regulatory Specialist III

Letter Number: 322A00026563

RECEIVED

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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.

1. Name of the limited liability company: QOZB RASMUSSEN LLC

2. (a) _____ (b) _____
 Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) *(Note: MAY BE POST OFFICE BOX)*

1460 HOLTS GROVE CIRCLE

POST OFFICE BOX 947869

WINTER PARK FL 32789

MAITLAND FL 32794

07/27/2021

L21000340287

3. Date of filing/registration in Florida 4. Document number

5. (a) NORTHWEST REGISTERED AGENT LLC

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

7901 4TH STREET N STE 300

ST PETERSBURG, FL 33702

(b) ~~QOZB RASMUSSEN LLC~~ David Rasmussen *(Signature)*
 Enter name of NEW Registered Agent and/or NEW Registered Office address:

3777 N JOHN YOUNG PARKWAY

NEW Registered Office Address:

ORLANDO, FL 32804

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 ALL INFORMATION CONTAINED
 HEREIN IS UNCLASSIFIED

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

 Signature of a member or authorized representative of a member DAVID RASMUSSEN
Printed or 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 a 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