Division of Corporations



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To:

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

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

Email	Address:						

LLC REGISTERED AGENT CHANGE MUNROE GROWTH 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.

1. 1	Name of the limited liability company: MUNROE GROW	TH LLC	
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)
	08/09/2021		
3.	Date of filing/registration in Florida	4.	Document number
5. (a			
	Registered Agent and Registered Office shown on the records of	State:	
	4623 NW 841H AVE		
	Registered Office Address (MUST BE FLORIDA STREET A		
(b)	DORAL , FL	33166	
	Northwest Registered Agent LLC	F1L 1025 JAN 30 51.651 1.450 51.731 4.553	
	Enter name of NEW Registered Agent and/or NEW Registered	- R. 30	
	7901 4th St N		
	NEW Registered Office Address:		
	STE 300		등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등
	St. Petersburg, FL	33702	
the ch agent was/v the ar	limited liability company is not organized under the law lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia were authorized by an affirmative vote of the members o ticles of organization or the operating agreement of the	the registered of ability company. If the limited liab	ffice and the business office of the registered it is hereby confirmed that the change(s) bility company or as otherwise provided in
	ature of a member or authorized representative of a member	Nat Smith	
			Printed or typed name of signee
I her provi the ol to me notifi	eby accept the appointment as registered agent and agr sions of all statutes relative to the proper and complete bligations of my position as registered agent as provided rely reflect a change in the registered office address, I he d in writing of this change.		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
Cia- :	Taylor Newman - Assistant Se	ecretary	
- Signa	pre or rungistered Agent		