## KZ100038818Z

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## COVER LETTER

TO: Registration Section Division of Corporations	
San Carlos Place LLC SUBJECT:	
Name of Lis	nited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Char	nge and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	r to the following:
David Jacobson	
Name of Person	
San Carlos Place LLC	
Firm/Company	
PO Box 18404	
Address	<del></del>
Tampa, Fl. 33679	
City/State and Zip Code	
djacobson53@gmail.com	
E-mail address: (to be used for future annual repo	ort notification)
For further information concerning this matter, please of	call:
David Jacobson 8	731-1653
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 amoun	ıt:
■ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

## 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.

	me of the limited liability company: San Carlos Place	LLC		
(a)	3825 Henderson Blvd Ste 100, Tampa, F1, 33629	(b) PO Box	x 18404, Tampa, FL 33679	
•••	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Nate: MAY BE POST OFFICE BOX)	
	8/31/2021	1.2100038		
	Date of filing/registration in Florida	4.	Document number	
a)	S &S Land Services Inc.			
	Registered Agent and Registered Office shown on the records of 308 E Dr. Martin Luther King Blvd	the Florida Dept, of S	2022 JUN SECSE S TALLA	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			77
	#D		工造 1	Contraction Contraction Contraction
	Tampa, FI	33603		
	3825 henderson Blvd.  NEW Registered Office Address: Spite 100		<u> </u>	
		33629		
inge ent w s/we arti-	NEW Registered Office Address:  Suite 100  Tampa  Tampa  Funded liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liberte authorized by an affirmative vote of the members of cless of organization or the operating agreement of the member of authorized representative of a member of accept the appointment as registered agent and agreement of the appointment as registered agent and agreement of the accept the appointment as registered agent and agreement of the accept the appointment as registered agent and agreement of the accept the appointment as registered agent and agreement of the accept the appointment as registered agent and agreement of the accept the appointment as registered agent and agreement of the accept the appointment as registered agent and agreement of the accept the appointment as registered agent and agreement of the accept the accept the appointment as registered agent and agreement of the accept the appointment as registered agent and agreement of the accept the accep	ws of the State of registered office ability company, i of the limited liability companded liability compa	and the business office of the registered it is hereby confirmed that the change(s) ility company or as otherwise provided isompany.  on for Law Group Holdings LLC  Printed or typed name of signee trapacity. I further agree to comply with	in 
s/we s/we artic gmat reports/ oblinere interes	NEW Registered Office Address:  Suite 100  Tampa  . FI  mited liability company is not organized under the lay or changes are made, the Florida street address of the rill be identical. Or, in the case of a Florida limited lighter authorized by an affirmative vote of the members of cless of organization or the operating agreement of the member or authorized representative of a member	ws of the State of registered office ability company, i of the limited liability companded liability compa	and the business office of the registered it is hereby confirmed that the change(s) ility company or as otherwise provided isompany.  on for Law Group Holdings LLC  Printed or typed name of signee trapacity. I further agree to comply with	in 