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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 : (855)330-1010

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

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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. Na	ame of the limited liability company: 894 Gre	ene Ave	LLC
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	09/10/21	L21	000402574
3.	Date of filing/registration in Florida	4.	Document number
.	CORPORATION SERVICE COMPANY		
5. (a)	Registered Agent and Registered Office shown on the records o	t the Florida Dept.	of State.
	1201 HAYS STREET		
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		
			20 A
	TALLAHASSEE F	1.32301	FILI 2021 OCT - 8 7 ALL VIRASSI
	Pegistered Agents Inc		FILE 2356
(b)	Enter name of NEW Registered Agent and/or NEW Registere	ed Office address:	
	Enter name of the registered regard and the second		ED PH 12:
	7901 4th St N		₹ <u></u> 5
	NEW Registered Office Address:		
	STE 300		
	St. Petersburg	_L 33702	
the ch agent was/w	limited liability company is not organized under the lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited tere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	of the registered liability compar of the limited in the limited liabili	forfice and the business office of the registerency, it is hereby confirmed that the change(s) iability company or as otherwise provided in ty company.
	Rilay Tak	Riley Pa	Printed or typed name of signee
_	ature of a member or authorized representative of a member	aras to ast in th	
provis the ob to mei notific	Pby accept the appointment as registered agent and ay sions of all statutes relative to the proper and completed ligations of my position as registered agent as provided by the second of the change in the registered office address, and in writing of this change.	te performance led for in Chapt I hereby confiri	us capacity. I juriner agree to comply win the of my duties, and I am familiar with and accepter 605, F.S. Or, if this document is being filed in that the limited liability company has been
<u> 12</u>	Bill Havre - Assista	int Secretary	