## L21000 429564

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificate	s of Status			
Special Instructions to Filing Officer:					





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024 APR 15 AM 10: 36 SECRETARY OF STATE

2024 APR 15 AM 8: 57

## CORPORATE ACCESS, \_\_\_\_\_

When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

## **WALK IN**

	CERTIFIED COPY		
XX	РНОТОСОРУ		
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XX	FILING	CHANGE OF RA	
_	WILD EAGLE VENTU	MENT #)	
_	(CORPORATE NAME AND DOCU	MENT #)	
	(CONTONATE NAME AND BOCO.	WENT #)	
_	(CORPORATE NAME AND DOCU	MENT #)	_
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-	(CORPORATE NAME AND DOCUME	······································	

## 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: Wild Eagle Vent	ares, LLC	<del></del>	<del></del>
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 30373 Ono Blvd	(	30373 Ono	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)  Blvd
	Orange Beach, AL 36526		Orange Be	ach, AL 36526
	10/01/2021		L210004295	564
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	Registered Agent and Registered Office shown on the records of Researcher's Associates, Inc.  Registered Office Address (MUST BE FLORIDA STREET)	the Florid	la Dept. of State	- s: -
	633 Timberlane Road	<u>NDDKEQ</u>	ज्ञ	
	Tallahassee, FI	32312		2024 TĂLI
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> Mary L Gay	1 Office a	ddress:	FILED 2024 APR 15 AM 8: 57 TÄLLÄHÄSSEE, FLORID
	NEW Registered Office Address:			8: 5
	633 Timberlane Road			
	Tallahassee , Fl	32312		_
Signa  I herei provisi the oblito meru notified	imited 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 like authorized by an affirmative vote of the members of the organization on the operating agreement of the true of a member or authorized representative of a member by accept the appointment as registered agent and agricus of all statutes relative to the proper and complete igations of my position as registered agent as providedly reflect a change in the registered office address. It is not required this change of the change of the change of Registered Agent	register ability co of the lin limited	ed office and ompany, it is nited liability liability com	the business office of the registered thereby confirmed that the change(s) company or as otherwise provided in pany.  Printed or typed name of signee

Division of Corporations ◆ P.O. Box 6327 ◆ Tallahassee, FL 32314 FILING FEE: \$25.00