Florida Department of State 0 6 99 Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000443660 3)))



H210004436603ABC-

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

| To: | Division of Consecutions | 2021 0 |
|---------------|--|-----------|
| | Division of Corporations Fax Number : (850)617-6383 | DEC |
| | , , . | 9- |
| From: | Account Name : REGISTERED AGENTS INC. Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010 | AM 10: 17 |
| **Enter an | the email address for this business entity to be used for funual report mailings. Enter only one email address please.** | ture |
| Еп | ail Address: | |
| | | |
| | LLC REGISTERED AGENT CHANGE SURE FOUNDATION PROPERTIES LLC | |

| Certificate of Status | 0 | |
|-----------------------|---------|--|
| Certified Copy | 0 | |
| Page Count | 02 | |
| Estimated Charge | \$25.00 | |

DEC 07 2021 A. LUNT

2021 DEC - 6 AM

Electronic Filing Menu

Corporate Filing Menu

Help

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

| (a) | (b) | | | | | | |
|-------|--|-----------------------|--|------------------------------|--|--|--|
| | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | Mailing address of limited liability company: (Sate: MAY BE POST OFFICE BOX) | | | | |
| | 1060 Woodcock Rd | | 1060 Woodcock Rd | oodcock Rd | | | |
| | Orlando FL 32803 | | Orlando FL 32803 | | | | |
| | 10/15/2021 | L | 21000450699 | | | | |
| | Date of filing/registration in Florida | 4. | Document number | | | | |
| (a) | UNITED STATES CORPORATION AGE | | | | | | |
| . (u) | Registered Agent and Registered Office shown on the record | ls of the Florida l | Dept. of State: | | | | |
| | 5575 S. SEMORAN BLVD. | | | | | | |
| | Registered Office Address (MUST BE FLORIDA STRE | | | | | | |
| | SUITE 36 | | | ^ - | | | |
| | ORLANDO | _{. FL} 32822 | | JIVŽŠIONI 2021 DEC | | | |
| (b) | Northwest Registered Agen | t LLC | | EC -6 | | | |
| (0) | Enter name of NEW Registered Agent and/or NEW Regist | ered Office addi | ress: | آخ-کہ | | | |
| | 7901 4th St N | | | AM IO: | | | |
| | NEW Registered Office Address: | | | 7 | | | |
| | STE 300 | | | | | | |
| | St. Petersburg | . FL 33702 | | | | | |

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

| the little es of organization of the operating agreement of the | mined missing company. |
|---|---------------------------------|
| Margan Poller | Morgan Noble |
| Signature of a member or authorized representative of a member | 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.

Clove of Clover - Assistant Secretary

Signature of Registered Agent