## L21000464533

(Requestor's Name)								
(Address)								
(Address)								
(City/State/Zip/Phone #)								
(ca), case approximation (ca),								
PICK-UP WAIT MAIL								
(Business Entity Name)								
<b>,</b> , ,,								
(Document Number)								
(Document Number)								
Certified Copies Certificates of Status								
Special Instructions to Filing Officer:								
J. F 177								
DEC 11 2213								
DEC 117								

Office Use Only



600419223076

11/21/23--01018--021 \*\*25.00



## COVER LETTER

TO:	Registration Section Division of Corporations			` *						
	·									
SUBJI	SUBJECT: 2636 Perch LLC									
	Name of Limited Liability Company									
Dear S	Sir or Madam:									
The en	nclosed Registered Agent/Registered Off	fice Cha	nge and	fee(s) are submitted for filing.						
Please	return all correspondence concerning th	is matte	er to the	following:						
Assaac	1 Noureddine Yousef									
	Name of Person			_						
2636 P	erch LLC									
	Firm/Company		<del></del>	<del></del>						
2013 L	ive Oak Blvd Suite N - 200									
	Address		•							
Saint C	Cloud, FL 34771									
	City/State and Zip Code		<del></del>	aa-						
_	ger@2636perch.com									
E	E-mail address: (to be used for future an	nual rep	ort notif	īcation)						
For fu	rther information concerning this matter	, please	call:							
Assaad	Noureddine	at (	407	) 3007332						
	Name of Person	·		Area Code & Daytime Telephone Number						
	STREET/COURIER ADDRESS:		M	AILING ADDRESS:						
Division of Corporations Di Clifton Building P. 2661 Executive Center Circle Ta			Registration Section							
			Division of Corporations							
				P.O. Box 6327						
			Ta	Tallahassee, Florida 32314						
	Tallahassee, Florida 32301									
	Enclosed is a check for the following amount:									
	\$25 Filing Fee		<b>□</b> \$5	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.

<b>)</b> ()	2013 Live Oak Blvd		(b)	2013 Live	Oak Blvd	
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		_ (0)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	Suite N - 200		;	Suite N - 2	00	
	Saint Cloud, Fl 34771		Saint Clou		ıd FL 34771	
	10/26/21		L2	210004645	33	
3.	Date of filing/registration in Florida	4.			Document number	
5. (a)	Assaad Noureddine Yousef					
). (a)	Registered Agent and Registered Office shown on the records	e:				
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				-	
	13026 Oulton Circle				~ ?	
	Orlando	FL <sup>32832</sup>	2		<i>γ</i>	
(L)	Registered Agents Inc					
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:					
	7901 4th St N				2	
	NEW Registered Office Address:				-	
	STE 300				-	
	St. Petersburg	33702 FL	?		_	
the cha agent v was/wo	imited liability company is not organized under the inge or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited authorized by an affirmative vote of the membericles of organization or the operating agreement of the control of the members of the operating agreement of the control of the	of the relation of the first of the the limite	egiste con limit ed lia	ered office npany, it i ed liabilit	e and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in npany.	
Signa	ture of a member or authorized representative of a member	_			Printed or typed name of signee	
I here provisi the obl	by accept the appointment as registered agent and cons of all statutes relative to the proper and completions of my position as registered agent as provely reflect a change in the registered office address of in writing of this change.	agree to ete perfo ided for i . I hereb	act is rmar in Ch v con	n this cap ace of my apter 605 afirm that	acity. I further agree to comply with the	

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

- Assistant Secretary

**David Roberts** 

Signature of Registered Agent