Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

: (307)200-2803

Fax Number : (813)436-5206

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

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## LLC REGISTERED AGENT CHANGE 19 SE 3RD LLC

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K. Brumbley

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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	ime of the limited liability company:		
e 2. (a)		(b)	
÷- (0)	.c/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)
	f etc		
	1 / A A (1)	 	
	11/01/2021	L21	1000472887
3.	Date of filing/registration in Florida	- <sub>4.</sub> -	Document number
ć (a)	INCORP SERVICES, INC.		
5. (a)	Registered Agent and Registered Office shown on the records of	the Florida De	pt. of State:
	3458 LAKESHORE DRIVE		•
: •	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	
8일 H:	<u> </u>	_ <del></del>	•
W.		•	<del></del>
	TALLAHASSEE , FL	32312	
	Northwest Registered Agent LLC		2024 .11
(b)	Entername of NEW Registered Agent and/or NEW Registered	l Office address	
	Emerganic of NEW Registered Agent add/of NEW Registered	J Omice address	2
	7901_4th St N		- -
	NEW Registered Office Address:		
	STE 300		2:
			ne
	St. Petersburg	33702	
the cha agent v was/we	mited liability company is not organized under the lange or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited linguisted by an affirmative vote of the members of the organization or the operating agreement of the	f the register ability comp of the limited	ed office and the business office of the registered vany, it is hereby confirmed that the change(s) I liability company or as otherwise provided in
$\mathcal{M}$	IN SMITH	Nat Smi	th
Signat	are of a member or authorized representative of a member		Printed or typed name of signee
provisi the obl. to mere	oy accept the appointment as registered agent and agions of all statutes relative to the proper and complete igations of my position as registered agent as provide ly reflect a change in the registered office address, I in writing of this change.	performanc ed for in Cha hereby confi	this capacity. I further agree to comply with the e of my duties, and I am familiar with and accep pter 605, F.S. Or, if this document is being filed rm that the limited liability company has been
	Taylor Newman - Assistant S	Secretary	
Signayin	rej of Registered Agent		