Division of Corporations

Florida Department of State

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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 : (813)436-5206

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

Email	Address:_		 	

LLC REGISTERED AGENT CHANGE NAPLES FREEDOM HEADQUARTERS, LLC

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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 hability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. N	ame of the limited liability company:			, LLC					
2. (a)		(t	o)						
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)						
	7901 4th St N STE 300		7901 4th St N STE 300 St. Petersburg FL 33702						
	St. Petersburg FL 33702								
	11/24/21		L210005034	61					
3.	Date of filing/registration in Florida	— 4.		Document number					
5. (a)	Andrzejewski, Alan								
, ,	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:								
	8805 Tamiami Trail North								
	Registered Office Address MUST BE FLORIDA STREET								
	139								
	Naples FI	34108	·						
	Northwest Registered Agent LLC	2023							
(b)	Enter name of NEW Registered Agent and/or NEW Registerer	2023 NOV 29							
	The state of the s	725 Files							
	7901 4th St N								
	NEW Registered Office Address:	64							
	STE 300								
	St. Petersburg	33702							
the cha agent was/wa the arti	imited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	ws of the f the regi- iability co of the lim : limited l	stered office ompany, it is sited liability	and the business office of the registered shereby confirmed that the change(s) y company or as otherwise provided in apany.					
Signa	ture of a member or authorized representative of a member			Printed or typed name of signee					
provisi the obl to mer	by accept the appointment as registered agent and agens of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change.	e perform ed for in C hereb <u>y</u> co	in this cape ance of my o Chapter 605 onfirm that i	icity. I further agree to comply with the luties, and I am familiar with and accept , F.S. Or, if this document is being filed the limited liability company has been					
Cine	re of Registered Agent Taylor Newman - Assistant S	ecretary							