## L22000028052

	(Requestor's Name)
	(Address)
<del></del>	(Address)
	(Ĉity/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	
Special Instructions to	Filing Officer:

Office Use Only



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2023 OCT 26 PM 12: 30



(850) 524-5437 (850) 524-6243 Please use funds from this account: -120210000160 \$25.00 Authorization Signature: Quently L22000028052 Pines Village LLC\_\_\_\_\_ Doc. # **Business Name Certified Copy** Certificate of Status <u>AMENDMENTS</u> **NEW FILINGS** Amendment Profit Corp Resignation of R.A. or Not for Profit Office or Director X Change of Registered Agent Limited Liability \_\_\_\_Revocation of Dissolution Domestication \_\_Merger Other Conversion **CORP** Amended and restated Articles LLLP Statement of Authority **OTHER FILINGS** REGISTERATION/QUALIFICATIONS \_\_ Foreign filing Annual Report \_\_\_\_Limited Partnership Reinstatement Fictitious Name Other APOSTILLE Country

FLORIDA CAPITAL COURIER SERVICES, INC

2330 CLARE DRIVE

TALLAHASSEE, FL 32309

XAMIN1ER'S INITIALS:\_\_\_\_\_

## **COVER LETTER**

TÓ:

INHS18 (2/14)

TÓ:	Registration Section Division of Corporations					
CHDI	ECT.	Pines Villa	ge LLC			
SUDJ	ECT:	Name of Limited Liability Company				
Dear S	Sir or Madam:					
The er	nclosed Registered Agent/Registere	d Office Change and	I fee(s) are submitted for filing.			
Please	return all correspondence concerni	ng this matter to the	following:			
	Kate Espiritu					
	Name of Person		<del></del>			
	Firm/Company					
	722 Dulaney Valley Rd	#199				
	Address	1 1900				
	Towson, MD 2120	4				
	City/State and Zip C	ode				
<del></del>	:-mail address: (to be used for futur	re annual report noti	fication)			
For fu	rther information concerning this m	natter, please call:				
	Name of Person	at (	) Area Code & Daytime Telephone Numbe			
	Name of Person		Area Code & Daytime Telephone Numbe			
	Mailing Address:		Street Address:			
	Registration Section		Registration Section Division of Corporations			
	Division of Corporations P.O. Box 6327		The Centre of Tallahassee			
	Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810			
			Tallahassee, FL 32303			
	Enclosed is a check for the follo	owing amount:				
	■ \$25 Filing Fee		\$55 Filing Fee & Certified Copy			

## 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.

. (a)	722 Dulaney Valley Rd #199	(b)	722 Dulaney Valley Rd #199				
(4)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)					
	Towson, MD 21204		Towson,	MD 21204			
	01/25/2022	_		L2200	00028052		
	Date of filing/registration in Florida	4.		Document n	umber		
(a)	Registered Agents Inc.						
(a)	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of Sta	<del>-</del> te:			
	2401 S 25th St #1C						
	Registered Office Address (MUST BE FLORIDA STREET)	4DDRESS)	_	_			
					₹.	2	
	Fort Pierce, FL	34981		_	LLAH	2023 OCT 26	T;
(b)	Midfield Management LLC			_	ASSEE		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office add	ress:		T.	H.	
	2401 S 25th St #Office	<u>.                                    </u>		_	FLORIDA	PH 12: 30	
	NEW Registered Office Address:						
	Fort Pierce	34981	·	_			
nange gent v as/we ie arti	imited liability company is not organized under the law e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	vs of the integration of the limits	d office ar npany, it ted liabili	nd the busines is hereby conf ty company o	s office of firmed that r as other	f the re t the c wise p	:gistered hange(s)
Signa Signa	nture of a member or authorized representative of a member	<del> </del>		Printed or typed name of signee			
here rovisi ne obt mer otifie	by accept the appointment as registered agent and agrions of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address, I is din writing of this change.	ee to act performa I for in C hereby co	in this cap nce of my hapter 60 nfirm that	oacity. I furth duties, and I 5, F.S. Or, if the limited li	er agree t am famili this docu ability coi	o com ar with nent is npany	oly with the and accep being filed has been
' 1	ire of Registered Agent						