Florida Department of State

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZARTH, P.A.

Account Number : 076077001702 Phone : (407)841-1200 Fax Number : (407)423-1831

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

Email Address: ___anthonynigara@gmail.com

LLC REGISTERED AGENT CHANGE 2 TURTLE LANE, 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 liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

2. (á)			(b)			
• •	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limi	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	113 Lansing Island Drive		II3 Lan	sing Island Drive		
	Indian Harbor Beach, FL 32937		Indian H	larbor Beach, FL 3293	oor Beach, FL 32937	
	January 18, 2022		L2200003	31428		
3.	Date of filing/registration in Florida	4.	•	Document number	Γ	
5. (a)	·					
. (,	Registered Agent and Registered Office shown on the records of	the Flori	da Dept. of Si	Inte:		
	Gina Nigara					
	Registered Office Address (MUST BE FLORIDA STREET	ADDRE.	5.5)	 .		
-	113 Lansing Island Drive					
						
	Indian Harbor Beach , FL		·	·····	26	
(1-)					· 5	
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:			2024 7.1%		
					29	
	Dean Mend Services, LLC					
	NEW Registered Office Address:					
	420 S. Orange Avenue, Suite 700					
		·			ယ G	
	Orlando , FL	3280	l			
change igent i was/w	limited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited like or cauthorized by an affirmative vote of the members of icles of organization of the operating agreement of the	registe ability of the li	red office a company, it mited liabil	and the business office is hereby confirmed lity company or as of	ce of the registered that the change(s)	
	· (Inthonumbiana,	Aı	nthony Niga	ra .		
	nture of a member or authorized representative of a member			Printed or typed nam	D .	
l here provisi	by accept the appointment as registered agent and agr ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a enange in the registered office address, I i	ee to a perfori	et in this ca mance of my	pacity. I further agr y duties, and I am far	ee to comply with the miliar with and accep	