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LLC REGISTERED AGENT CHANGE 11757 FLYNN RD 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.

1. Na	ame of the limited liability company: 11757 Flynn Rd L	.LC			
2. (a)			(h)		-
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		ίο,		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	3531 Beauclere Circle North			3531 Be	cauciere Circle North
	Jacksonville, Florida 32257		-	Jackson	ville, Florida 32257
	2/9/2022				
3.	Date of filing/registration in Florida	4.	_		Document number
5. (a)	Fisher Tousey Leas & Ball, P.A.				
o. (4)	Registered Agent and Registered Office shown on the records of t	he Flori	da D	ept. of S	tate:
	Registered Office Address (MUST BE FLORIDA STREET A	DDRE	(22)		_
	501 Riverside Avenue, Suite 600	*****	<u>,,,,,</u>		2
	Jacksonville . FL	32202			MEETER IT PH 5: 10
	Daniel A. Hollis				- Se: -
(0)					- R
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u>	Office a	ddr	55	ي چ
	NEW Registered Office Address:				
	3531 Beauclere Circle North				
	Jacksonville	22167			
	FL_	32257			
nange u igent wi vas/wer he artic	nited liability company is not organized under the laws or changes are made, the Florida street address of the rill be identical. Or, in the case of a Florida limited liable authorized by an affirmative vote of the members of less of organization or the operating agreement of the li	egister vility co the lin	ed omp omp nite	office ar vany, it d liabili	nd the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in
14,	**************************************	Dar	niel	A. Holli	15
	ne of a member or authorized representative of a member				Printed or typed name of signee
he oblig o merel otified	e accept the appointment as registered agent and agree ns of all statutes relative to the proper and complete pa- gations of my position as registered agent as provided j y reflect a change in the registered office address. I he in writing of this change.	e to act erform for in G reby c	t in anc Cha onfi	this cap e of my pter 60 rm that	pacity. I further agree to comply with the educies, and I am familiar with and accept is. F.S. Or, if this document is being filed the limited liability company has been
1 1/49 4					
ignature	of Registered Agent				