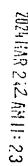


Office Use Only



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## **COVER LETTER**

_	istration Section ision of Corporations		·	
SUBJECT:	235 PH08, LLC  Name of Limited Liability Company			
DODDITE I				
Dear Sir or i	Madam:			
The enclose	d Registered Agent/Registered (	Office Change and	d fee(s) are submitted for filing.	
Please return	n all correspondence concerning	this matter to the	e following:	
Kylie Conrac	L& Kayla King			
	Name of Person			
Corp1, Inc.				
	Firm/Company			
7700 E Arap	ahoe Rd Ste 220			
	Address			
Centennial, C	CO 80112			
	City/State and Zip Cod	e e		
E-mail	l address: (to be used for future a	annual report noti	fication)	
For further i	information concerning this mat	er, please call:		
Kylie Conrac	I	720 at (	823-9273	
	Name of Person	(	Area Code & Daytime Telephone Number	
Reg Div P.O	iling Address: gistration Section rision of Corporations D. Box 6327 lahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
Enc	closed is a check for the follow	ng amount:		
■ \$	25 Filing Fee	<u> </u>	\$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.

1. N	Jame of the limited liability company: 235 PH08, LLC				
2. (a)	2232 WIDENER TERRACE	(b)	b) 2232 WIDENER TERRACE		
2. (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)		
	WELLINGTON, FL 33414	<del>_</del>	WELLINGTON, FL 33414		
	02/18/2022		1.22000069201		
<ol> <li>(a)</li> </ol>	Date of filing/registration in Florida STEIN, JEREMY	4.	Document number		
J. (c	Registered Agent and Registered Office shown on the records of 2232 WIDENER TERRACE	the Florida	a Dept. of State:		
	Registered Office Address (MUST BE FLORIDA STREET)				
	WELLINGTON, FL	33414	2024 HAR 2		
(b)	Registered Agents Inc	···			
(	Enter name of NEW Registered Agent and/or NEW Registered	ddress:			
	7901 4th St N		23		
	NEW Registered Office Address:	•			
	Ste 300		<del></del>		
	St. Petersburg, FL	33702			
chang agent was/v	limited liability company is not organized under the law ge or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia were authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	registere ability con of the lim	red office and the business office of the registered ompany, it is hereby confirmed that the change(s) nited liability company or as otherwise provided in		
/s/ JEREMY STEIN			JEREMY STEIN		
	nature of a member or authorized representative of a member		Printed or typed name of signee		
provi the o to me	why accept the appointment as registered agent and agr sions of all statutes relative to the proper and complete bligations of my position as registered agent as provide arely reflect a change in the registered office address, I i ed in writing of this change.	ee to act performa d for in C hereby co	t in this capacity. I further agree to comply with the nance of my duties, and I am familiar with and accept Chapter 605, F.S. Or, if this document is being filed confirm that the limited liability company has been		
IsI I	David Roberts				
Signa	ture of Registered Agent				