

Florida Department of State
 Division of Corporations
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L2200054318

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To:
 Division of Corporations
 Fax Number : (850)617-6383

From:
 Account Name : M. BURR KEIM COMPANY
 Account Number : I19990000242
 Phone : (215)563-8113
 Fax Number : (215)977-9386

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

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**LLC REGISTERED AGENT CHANGE
5122 SE LISBON CIRCLE, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

2022 MAY 23 PM 4:19

2022 MAY 23 AM 8:29

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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. Name of the limited liability company: 5122 SE LISBON CIRCLE, LLC

2. (a) 5122 SE Lisbon Circle (b) P.O. Box 1260
 Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) *(Note: MAY BE POST OFFICE BOX)*
Stuart, FL 34997 Havertown, PA 19083

3. February 28, 2022 4. L22000084318
 Date of filing/registration in Florida Document number

5. (a) Fowler White Burnett, P.A., Attn: Richard A. Wood
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
1395 Brickell Avenue, 14th Floor

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*
Miami, FL 33131

(b) Connor Woodward
 Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
5122 SE Lisbon Circle
NEW Registered Office Address:
Stuart, FL 34997

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If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature] Connor Woodward
 Signature of a member or authorized representative of a member Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]
 Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
 FILING FEE: \$25.00

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