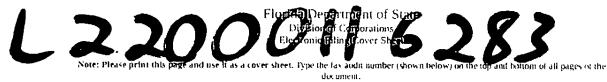
Division of Corporations



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Division of Corporations 1 (858)617-6383 Fax Number

From:

Account Name : REGISTERED AGENTS INC.

Account Number : 120090000081 : (307)200-2803 Fax Number : (813)436-5206

> **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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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 hability 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: Oneils 22 llc	_	
2. (a)		(b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	03/07/2022	L22	2000116283
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	UNITED STATES CORPORATION AGENTS, INC.		
J. (41)	Registered Agent and Registered Office shown on the records of t	he Florida Dej	pt, of State:
	476 RIVERSIDE AVE.		
	Registered Office Address (MUST BE FLORIDA STREET A	(DDRESS)	
			20 0
	JACKSONVILLE FL	32202	ME II
(b)	Registered Agents Inc		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office address	
	7901 4th St N		PM 1:06
	NEW Registered Office Address:		, · · -
	STE 300		
	St. Petersburg	33702	
the cha agent was/wi the art	imited liability company is not organized under the law ange or changes are made, the Florida street address of 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	the registered bility completed f the limited	ed office and the business office of the registered pany, it is hereby confirmed that the change(s) I liability company or as otherwise provided in
	Mu-life to a Jetoraly ture of a member or authorized representative of a member	Robin Jo	
Signa	ture of a member or authorized representative of a member		Printed or typed name of signee
provisi the obt to men natifie	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 ely reflect a change in the registered office address. I he in writing of this change.	ce to act in t performance I for in Chap wereby confu	this capacity. I further agree to comply with the e of my duties, and I am familiar with and accept pter 605, F.S. Or, if this document is being filed rm that the limited liability company has been
Way De	David Roberts - Assistant Se	cretary	

Signature of Registered Agent