## Florida Department of State Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : 120090000081 Phone : (307)200-2803

Fax Number : (813)436-5206

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

문항 를 mail Address:\_\_\_\_\_

## LLC REGISTERED AGENT CHANGE 87 HOLDINGS, 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. (a)	7901 4th St N	(b) <u>7901 4</u>	lth St N
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	·	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	STE 300	STE 30	00
	St. Petersburg FL 33702 US	St. Pete	ersburg FL 33702 US
	03/29/2022	<u>L220001</u>	.26209
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	CROSS STREET CORPORATE SERVICES, LLC		
	Registered Agent and Registered Office shown on the records of t	he Florida Dept. of	State:
(b)	50 CENTRAL AVENUE,		<u></u>
	Registered Office Address (MUST BE FLORIDA STREET A	(DDRESS)	
	8TH FLOOR,		<u></u>
	SARASOTA , FL	34236	<del></del>
	Northwest Registered Agent LLC		APF 2025 MAR EGNETATION AND TAIL AND
	Enter name of NEW Registered Agent and/or NEW Registered	Office address:	<b>37 2 日 2 元</b> 元 <b>2 日 2 元</b> 元 <b>2 日 2 元</b> 元 <b>2 日 2 元 元 </b>
	7901 4th St N		
	NEW Registered Office Address:		# <u>#</u> <b>=</b> = = = = = = = = = = = = = = = = = =
	STE 300		AM 10: 06
	St. Petersburg , FL	33702	
he ch agent was/w he art	limited 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 liatere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the registered of ability company, If the limited liab	ffice and the business office of the registered it is hereby confirmed that the change(s) bility company or as otherwise provided in
_//	THE SMITH STATES AND S	Nat Smith	Printed or typed name of signee
Lhoro	by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provided tely reflect a change in the registered office address. I h	ee to act in this c performance of t I for in Chapter tereby confirm th	canacity. I further garge to comply with the
rotifia	d in writing of this change.		