Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000155281 3)))



H04000155981348C

Note: DO NOT bit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number (858)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : 120090000081 Phone : (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.\*\*

Email Address:

## LLC REGISTERED AGENT CHANGE LAZ MNGMT LLC

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

Electronic Filing Menu

Corporate Filing Menu

Help

POR CENTED PRINCE OF THE TO DEPART LE TO STATE OF THE TO STATE

2021 A: 3.29 Fit 1: 51

APR 3 0 2024 K. Brumbley 4/29/2024 10:04:41 PDT . To: 18506176383 Page: 2/2 Fax: 8134365206

## 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	ame of the limited liability company: LAZ MNGMT 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)
	03/21/22		00136716
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	Sunshine Corporate Filings LLC		
5. (a	Registered Agent and Registered Office shown on the records of	the Florida Dept.	of State:
	476 RIVERSIDE AVE.		
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)	<del></del>
	JACKSONVILLE	32202	<del></del>
	JACKSONVILLE FL	,	206
(b)	Registered Agents Inc		2024 AT 12
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office address:	
	7901 4th St N		₩ F = 1
	NEW Registered Office Address: STE 300		<del></del>
	31E 300		<u></u>
	St. Petersburg , FI.	33702	
the ch agent was/w the 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 livere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	the registered ability compared of the limited l limited liabili	I office and the business office of the registered by, it is hereby confirmed that the change(s) liability company or as otherwise provided in ity company.
<u> </u>	ature of a member or authorized representative of a member	Robin Jon	
		na to antimal	Printed or typed name of signee
поинъе	by accept the appointment as registered agent and aggions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I if in writing of this change.	ce to act in the performance d for in Chapi hereby confiri	us capacity. I further agree to comply with the of my duties, and I am familiar with and accepter 605, F.S. Or, if this document is being filed in that the limited liability company has been
ard D	David Roberts - Assistant S	ecretary	

Signature of Registered Agent

D