Division of Corporations

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Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 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.

C11	Address:			

PERMENTER OF STATES OF STA

LLC REGISTERED AGENT CHANGE 100GOLFVIEWLANE, LLC

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3/4/2024 10:50 33 PST To 18506175383 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 hability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

L N	ame of the limited liability company: 100GOLFVIEWL	ANE, LLC					
2. (a)	7901 4th St N STE 300	(b)	(b) 7901 4th St N STE 300 Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) St. Petersburg, FL 33702				
	Principal office address of limited hability company: (Note: MUST BE STREET ADDRESS)						
	St. Petersburg, Ft. 33702						
			<u></u>				
	04/19/2022		220001863				
3.	Date of filing/registration in Florida	4.		Document number			
5. (a)	JESSE DEAN-KLUGER, P.A. Registered Agent and Registered Office shown on the records of	the Florida D	ept, of State	- e			
	1550 BISCAYNE BOULEVARD Registered Office Address (MUST BE FLORIDA STREET)	-					
	#201						
	MIAMI FI.	33132		-	20		
				•	2024 HAR - 4		
(b)	Registered Agents Inc Enter name of NEW Registered Agent and/or NEW Registered		i A	<u>-</u>			
				. -	<u>1</u>	72.7	
	7901 4th St N				PH	<u></u>	
	NEW Registered Office Address:	-					
	S1E 300			•	3: 16		
	St. Petersburg FT.	33702					
	ot recisoury	33702		-			
the cha agent was/w the art	limited liability company is not organized under the lay 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 registe ability com of the limite	red office pany, it is ed liabilit	e and the business off s hereby confirmed th y company or as othe	lice of the rat the ch	e registered ange(s)	
Sum	ature of a member for authorized representative of a member	<u>Rooin</u>	J <u>on</u> es	Printed or typed name of	f signee		
Lhere	the accent the annointment as registered agent and agr	ee to act is	r this can	acity. I turther agree	sto como	ly with the	
provis the ob to mer	my accept me appointment as registered agent and agricions 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, 1 led in writing of this change.	performan d for in Ch hereby con	cans cape cc of my a apter 605 firm that	duties, and I am fami 5, F.S. Or, if this doct the limited liability of	liar with ument is t ompany h	and accept being filed tas been	
Dasid	David Roberts - Assistant Se	ecretary					

Signature of Registered Agent