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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : COMPUTERSHARE Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

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 WILBORN SERVICES LLC

| Certificate of Status | 0 |
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M. SOLOMON

JUN - 4 2024

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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.

| (a) | 356 meadow pointe drive | (b) ³ | 56 meadow pointe drive |
|---------------------------|--|---|--|
| . (47 | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| | Haines city, FL 33844 | —— — Н | aines city, FL 33844 |
| | 05/19/2022 | 1.2 | 2000234430 |
| . (a) | Date of filing/registration in Florida LEGALINC CORPORATE SERVICES INC. | 4. | Document number |
| . (u) | Registered Agent and Registered Office shown on the records 476 Riverside Ave. | s of the Florida De | ept, of State: |
| | Registered Office Address (MUST BE FLORIDA STREE | ET ADDRESS) | pp. or state. |
| | Jacksonville | FL_32202 | PH 3: 3: |
| (b) | Corporate Creations Network Inc. Enter name of NEW Registered Agent and/or NEW Registered | red Office addre | |
| | 801 US Highway ! | | |
| | NEW Registered Office Address: | | |
| | North Palm Beach | FL_33408 | |
| hange gent v vas/wo | imited liability company is not organized under the or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited authorized by an affirmative vote of the member cles of organization or the operating agreement of the street of the member of the organization or the operating agreement of the operatin | the registered of Hiability comp rs of the limite | office and the business office of the registered pany, it is hereby confirmed that the change(s) d liability company or as otherwise provided in |
| | Kristen Espinales | Kristen | Espinales, Attorney-in-Fact |
| | ture of a member or authorized representative of a member | | Printed or typed name of signee |
| Signal | | | |

Signature of Registered Agent