

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.

(((H22000201311 3)))



H2200202313113ABCM

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

To:

Division of Corporations

Fax Number : (950) 617-6383

Eroa:

Account Name : INCORP SERVICES INC

Account Number : 120120500007 Phone : (702)665-2500 Eax Number : (702)900-2290

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

Email Address: documents@incorp.com

LLC REGISTERED AGENT CHANGE COX THREE LITTLE BIRDS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

2022 JUN 10 PH 4: 16

202 JUN 10 PM [2: 1

JUN 10 2022

K. Brumbley

					⊔ 220	00201311 3
•				•	11220	002013 113 **
	C	COVER LET	TER	4	>	*
TO: Registration Section Division of Corporati	ons		:			
SUBJECT:	Cox Th	iree Little Bir	ds, LLC			
SUBJECT:	Name of 1	Limited Liabi	lity Compa	my	· · · -	_
Dear Sir or Madam:						
The enclosed Registered Ager	nt/Registered Office Cl	hange and fee	(s) are subt	nitted for fili	ng.	
Please return all corresponden	ce concerning this mat	tter to the foll	owing:			
Courtne	ey Wehrman					
Name	of Person					
InCorp	Services, Inc.					
Firm	Company	 				
3773 Howard Hug	nhes Pkwy. · Suite 50	008				
Ad	dress					
Las Vegas	, NV 89169-6014					
City/Stat	e and Zip Code					
documer	sts@incorp.com					
E-mail address: (to be u	sed for future annual re	eport notificat	tion)			
For further information conce	rning this matter, pleas	se call:				
Courtney Wehrman	at	800-246-26	77			
Name of Pers			Area Code	& Daytime T	elephone Nun	авег
Mailing Address: Registration Section Division of Corpora P.O. Box 6327 Tallahassee, FL 323	itions		Division o The Centro 2415 N. M	on Section of Corporation e of Tallaha	ssee et, Suite 810	
Enclosed is a check	for the following amo	ount:				
⋈ \$25 Filing Fee		□ \$ 55.	Filing Fee	& Certified C	Сору	

INHS18 (2/14)

H22000201311 3

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)	me of the limited liability company: Cox Three Lit		
181	9 Winterberry Circle	(b) ¹	17 Glenwood Bend
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	('/-	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Santa Rosa Beach, FL 32459		Madison, MS 39110
	05/20/2022		2000236275
	Date of filing/registration in Florida	4.	Document number
(a)	Pam C. Carter		
	Registered Agent and Registered Office shown on the records o 9 Winterberry Circle Registered Office Address (MUST BE FLORIDA STREET)		ept. of State:
	Santa Rosa Beach ,F	L 324	
(b)	InCorp Services, Inc.		2022 JUN
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	d Office addre	<u> </u>
	17888 67th Court North		
	NEW Registered Office Address:		PH (
	Loxahatchee , F	_{7L334_}	70