22000245054

(Requestor's Name)							
(Address)							
(Address)							
·							
(City/State/Zip/Phone #)							
(Otty/Otate/2.lp// Hone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
, ,							
Certified Copies Certificates of Status							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							

Office Use Only



300402122813

2023 HAR -9 AN 9: 09



√ 10 10 2023

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195								
REFERENCE : 556544 7100061								
AUTHORIZATION:								
COST LIMIT : \$ 25.00								
ORDER DATE: March 9, 2023								
ORDER TIME : 8:41 AM								
ORDER NO. : 556544-005								
CUSTOMER NO: 7100061								
CHANGE OF AGENT								
NAME: FIRST PRIORITY RESTORATION OF FLORIDA, LLC								
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:								
CERTIFIED COPY XX PLAIN STAMPED COPY								

EXAMINER:

CONTACT PERSON: Alexxis Weiland-sorenson -- EXT#

*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: FIRST PRIORI	TY REST	ORATION O	F FLORIDA, LLC			
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(b)				
	390 SCARLET BOULEVARD		390 SCAR	LET BOULEVARD			
	OLDSMAR, FL 34677		OLDSMAR	R, FL 34677			
	06/03/2022		L220002450	184			
3.	Date of filing/registration in Florida	4.	l	Document number			
5. (a)							
J. (L)	Registered Agent and Registered Office shown on the records of PLF REGESTERED AGENT, LLC	f the Florid	a Dept. of State:		2		
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				Û23		
	1833 HENDRY STRET				2023 H.S.S	7.	
	FORT MYERS , FI	33901 L			9 - 9		
					<u>^</u>		
(b)	Enter name of NEW Registered Agent and/or NEW Registerer				۾ ٻ	المسد	
	enter name of NEW Registered Agent and/or NEW Registered	d Office ac	ldress:		. 09		
	Corporation Service Company						
	NEW Registered Office Address:	,					
	1201 Hays Street						
	Tallahassee . Fi	32301					
TC at a t			a. cn				
change agent v was/w	imited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited litere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	registere ability co of the lim	ed office and ompany, it is nited liability liability comp	the business office o hereby confirmed that company or as other	f the regis	stered age(s)	
Signature of a member or authorized representative of a member			<u> </u>	Printed or typed name of signee			
provisi the obi to mer notified	by accept the appointment as registered agent and aginous 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 do in writing of this change.	ree to act perform d for in (hereby co	t in this capac ance of my di Thapter 605, onfirm that th	city. I further agree t uties, and I am famili F.S. Or, if this docu ne limited liability con	to comply ar with ar ment is be mpany ha	with the id accept ing filed s been	
Mel	issa Clarke, Melissa Clarke, Asst. V.P. re of Registered Agent						