8/22/23, 8:48 AM

Division of Corporations

Florida Department of State Physician Corporations Electronic Phing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC. Account Number : I20010000062 Phone : (323)962-8600

Fax Number : (323)389-0502

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

1	Address:			
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LLC REGISTERED AGENT CHANGE 258 SOLUTIONS LLC

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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: 258 SOLUTIONS LL	
Nan	ne of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Off	fice Change and fee(s) are submitted for filing.
Please return all correspondence concerning the	nis matter to the following:
Cheyenne Moseley	
Name of Person	
Legalzoom.com, Inc.	
Firm/Company	
101 N. Brand Blvd., 11th Floor	
Address	
Glendale, CA 91203	
City/State and Zip Code	
shawn@258solutions.com	
E-mail address: (to be used for future and	nual report notification)
For further information concerning this matter	; please call;
Cheyenne Moseley	800 773-0888 ext 9724
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following	g amount:
□ \$25 Filing Fee	☑ \$55 Filing Fee & Certified Copy

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 695,0114 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

. Na	ame of the limited liability company: 258 Solution	s LLC	
!. (a)	638 HONEYCOMB TRL.	(b)	638 HONEYCOMB TRL.
	Principal office address of limited liability company: (Note: MUST BE STREET 4DDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	SAINT AUGUSTINE, FL 32095	•	SAINT AUGUSTINE, FL 32095
	06/07/2022	 L	22000261221
•	Date of filing/registration in Florida	4.	Document number
. (a)	UNITED STATES CORPORATION AGENT	S, INC.	
	Registered Agent and Registered Office shown on the records of 476 RIVERSIDE AVE. Registered Office Address (MUSI BE FLORIDA STREET)	ept. of State:	
	JACKSONVILLE	32202	2023 AUG 22 2023 AUG 22
(b)	Shawn Norris		AUG ?
75.7	Enter name of NEW Registered Agent and/or NEW Registeres	22 ILIE	
	638 HONEYCOMB TRL.		PH 12:
	NEW Registered Orlice Address:		: 50
	SAINT AUGUSTINE	32095	
ne cha gent v as/we ie arti	imited liability company is not organized under the la inge or changes are made, the Florida street address o vill be identical. Or, in the case of a Florida limited li- ere authorized by an affirmative vote of the members cless of organization or the operating agreement of the	If the registe lability com of the limite climited ha	red office and the business office of the registered pany, it is hereby confirmed that the change(s) of liability company or as otherwise provided in pility company. In Norris
herci rovisi he obl mere otified	due of a metaber or authorized representative of a member by accept the appointment as registered agent and agons of all statutes relative to the proper and complete igations of my position as registered agent as provided reflect a change in the registered office address. If in writing of this change	ree to act in r performan vel for in Ch hereby con	Printed or typed name of signee it this capacity. I further agree to comply with the ce of my duties, and I am familiar with and accept apter 605, F.S. Or. if this document is heing filed firm that the limited liability company has been