**Division of Corporations** 



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : 120090000081

Phone

: (307)200-2803

Fax Number

: (813)436-5206

meil Address:

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## LLC REGISTERED AGENT CHANGE 5404 GREATPINE CT LLC

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K. SALY FEB 2 6 2024

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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY ${}^{\prime\prime}$

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:	LLC	
2. (a)		(b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited habitity company:  (Note: MAY BE POST OFFICE BOX)
	06/08/22	L22000	0261511
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	UNITED STATES CORPORATION AGENTS, INC		
	Registered Agent and Registered Office shown on the records of	the Florida Dept. i	of State:
	4/6 RIVERSIDE AVE.		
	Registered Office Address (MUST BE FLORIDA STREET)	(DDRESS)	FILEU 3: 05 PALEB 23 PM 3: 05 PALEMANSSE FLORIDA
	JACKSONVILLE	32202	
(b)	Northwest Registered Agent LLC		38. 3 亿
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office address:	
	7901 4th St N		<b>35</b>
	NEW Registered Office Address:		<del></del>
	STE 300		
	St. Petersburg, F1.	33702	
the cha agent was/w	limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the registered ability compand the limited li limited liabilit	office and the business office of the registered y, it is hereby confirmed that the change(s) ability company or as otherwise provided in
	ture of a member or authorized representative of a member	Nat Smith	Printed or typed name of signee
I here provis the ob- to mer notifie	by accept the appointment as registered agent and agrions 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, I die writing of this change.    Assistant Section   Assistant   Assista	performance of t for in Chapte tereby confirm	s canacity. I further agree to contrib with the
Signatu	ire of Registered Agent		