422000261729

| (Requestor's Name) | | | | |
|-----------------------------------------|--|--|--|--|
| (Address) | | | | |
| (Address) | | | | |
| | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| · | | | | |
| Certified Copies Certificates of Status | | | | |
| Special Instructions to Filing Officer: | | | | |
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2022 SEP 16 AN IO: 24

Office Use Only

SEP 1 9 2022 S. PRATHER

COVER LETTER

| Divisi | on of Corporations | · | | |
|--------------------------|--------------------------------------------------------------------------------------|---------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|----------------------|
| SUBJECT: _ | TAMILY | EXEMPLAR | | LLC |
| | | Name of Limited Li | ability Company | |
| Dear Sir or Ma | adam: | | | |
| The enclosed l | Registered Agent/Re | egistered Office Change and | fee(s) are submitted for filing | ng. |
| Please return a | ill correspondence c | concerning this matter to the f | following: | |
| Roll | Name of | BAISDEN Person | | |
| | Firm/Con | npany | _ | |
| 16247 | NoTTINGH Address | AM PARKWAY | | |
| \ f | City/State and | J 33 GAY | <u> </u> | |
| E-mail a | amand 1 u | IS Egmal · Com for future annual report notifi | cation) | |
| For further inf | ormation concerning | g this matter, please call: | | |
| Roma | Name of Person | u at (813 |) (-31 934 () Area Code & Daytime Te | |
| Regis Divis P.O. I | ng Address: tration Section ion of Corporation Box 6327 nassee, FL 32314 | ns | Street Address: Registration Section Division of Corporatio The Centre of Tallahas 2415 N. Monroe Street Tallahassee, FL 32303 | ssee r, Suite 810 |
| Encle | sed is a check for t | he following amount: | | |
| 1 \$25 | Filing Fee | □ \$5 | 5 Filing Fee & Certified Co | ору |

TO: Registration Section



August 31, 2022

FAMILY EXEMPLARS FLORIDA LLC 16247 NOTTINGHAM PARK WAY TAMPA, FL 33647

SUBJECT: FAMILY EXEMPLARS FLORIDA LLC

Ref. Number: L22000261729

We have received your document for FAMILY EXEMPLARS FLORIDA LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Registered Agent form must be completed in its entirety for processing

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6939.

Letter Number: 222A00019464

Stacy Prather Regulatory Specialist III

www.sunbiz.org

Division of Compactions D.O. DOV 6297 Tollahassas Florida 2921

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,

| Principal office address of limited liability company: Mailing | address of limited liability company: MAY BE POST OFFICE BOX |
|--------------------------------------------------------------------------------------------|---------------------------------------------------------------|
| I NMPA, FL | |
| 33647 | |
| 6/1/2022 | |
| Date of filing/registration in Florida 4. Docum | nent number |
| ROLAND BAISDEN | |
| Registered Agent and Registered Office shown on the records of the Florida Dept. of State: | |
| 16247 NOTTINGHAM PARKWAY | |
| Registered Office Address (MUST BE FLORIDA STREET ADDRESS) | |
| | |
| TAMPA FL 33647 | 72. |
| | 2022 SEP 16 AM 10: 24 ALLAHASSEE FLORIDA |
| ROLAND BAISDEN | SEI |
| Enter name of NEW Registered Agent and/or NEW Registered Office address: | SSE |
| | 77 - 70 |
| 16247 NOTTINGHAM MARKWAY | |
| NEW Registered Office Address: | RES 2 |
| | p. • |
| | |
| | |
| TAMPA .112 33647 | |

CHERRY SHIM- BHISDEN
Printed or typed name of signee

Signature of a member or authorized representative of a member

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflected change in the registered office address, I hereby confirm that the limited liability company has been notified in writing citatis change.

Signature of Registered Agent