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	To: Division of Corporations Fax Number : (850)617-6383
	From: Account Name : REGISTERED AGENTS INC. Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010
	<pre>**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** Email Address:</pre>
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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: <u>LAKE REFU</u>	IRB LLC	С	
2. (a)			(b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (<u>Note: MAY BE POST OFFICE BOX</u>)	
	7901 4th St N STE 300		7901 4th St N STE 300	
	St. Petersburg, FL 33702		St. Petersburg, FL 33702	
	06/14/2022		L22000271853	
3.	Date of filing/registration in Florida	4.	Document number	
	Registered Agent and Registered Office shown on the records of <u>1760 NE 13TH ST</u> Registered Office Address <u>(MUST BE FLORIDA STREET</u>			
	FORT LAUDERDALE , F	l <u>3330</u>		
(b)			address:	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	<u>d Office a</u>	address:	_
	7901 4th St N			() (
	NEW Registered Office Address:			
	STE 300	. <u></u>	- AM	
	St Petersburg	т 3370	• –	

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

~ kin princip



Signature of a member or authorized representative of a member

Printed or typed name of signee

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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 1 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 reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

J. Wid Active David Roberts - Assistant Secretary Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00