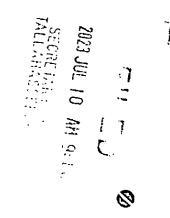
## L22000 283765

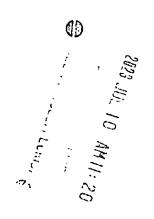
	(Requestor's Name)						
	(Address)						
	(Address)						
	(City/State/Zip/Phone #)						
PICK-UP	WAIT MAIL						
	(Business Entity Name)						
(Document Number)							
Certified Coples	Certificates of Status						
Special Instructions to	Filing Officer:						
	J. HORNE JUL 1 1 2023						

Office Use Only



900411830229





CORPORATION SERVICE COMPANY

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

	ACCOUNT NO.	:	I20000001	95			
	REFERENCE	:	859390	8322104			
	AUTHORIZATION	:	Lines	eran			
	COST LIMIT	:	\$ 25.00				
ORDER DATE :	July 7, 2023						
ORDER TIME :	9:21 AM						
ORDER NO. :	859390-005						
CUSTOMER NO:	8322104						
CHANGE OF AGENT							
NAME: 304 SUNCOAST LLC							
	THE FOLLOWING AS	PRO	OOF OF FILI	NG :			
XX PLAIN	TIED COPY 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. Na	me of the limited liability company:	SUNCOAST	LLC				
2. (a)				(b)			
<b>.</b> . (u,	Principal office address of limited liability (Note: MUST BE STREET ADDR	• •		(6)	_	of limited liability cor BE POST OFFICE B	•
	304 NORTH SUNCOAST BLVD			2800 SO	OUTH OCEAN	BLVD, UNIT 6A	
	CRYSTAL RIVER, FL. 34429	· · · · · · · · · · · · · · · · · · ·	- -	BOCA R	ATON, FL 334	32	-
	JUNE 22, 2022			L2200028	3765		
3. 5. (a)	Date of filing/registration in Flor REGISTERED AGENTS INC	rida	4.		Document nu	ımber	
2. (W)	Registered Agent and Registered Office shown on 7901 4TH STREET NORTH	the records of th	e Flori	ia Dept. of Sta	— ute:		
	Registered Office Address (MUST BE FLORI SUITE 300	IDA STREET A	DDRE	<u>.21</u>	_	L	÷.
(ъ)	ST. PETERSBURG	, FL_	33702		<del>-</del> -	SECRETARY 10	38 7
,	Enter name of NEW Registered Agent and/or NI	W Registered (	Office 8	ddress:		500	***
	Corporation Service Company					Pi	7
	NEW Registered Office Address:	**	_		<del></del>		Ö
	1201 Hays Street					c	
	Tallahassee		32301		_		60
	<u> </u>	, FL_`		<del></del>	<del></del>		
onange agent w was/we the artic	imited liability company is not organized or changes are made, the Florida street activity be identicall. Of, in the case of a Florida re authorized by an affirmative vote of the cles of organization or the operating agree	Mress of the r da limited liab e members of ement of the li	egiste ility c the lii	red office ar ompany, it i nited liabili liability cor	nd the business is hereby confi	office of the regis rmed that the char as otherwise prov	
I hereb provision he obli no mere notified	ure of a member or all polized representative of a representative of a registered agons of all statutes relative to the proper all gations of my position as registered agently reflect a change in the registered officed in writing of this change.  Therine Carney		e to ac erform for in ereby		Printed or type	d name of signee	with the nd accep, eing filed is been
	e of Registered Agent	<del></del>					