Florida Department of State Division of Corporation Electronic Filling

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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

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

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LLC REGISTERED AGENT CHANGE DEVINE LEGACY HOLDINGS LLC

Certificate of Status	0
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Page Count	02
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

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:	CY HOLDIN	GS LLC				
2 (a)		Ü	ı)	-			
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
	7901 4th St N STE 300		7901 4th St N STE 300				
	St. Petersburg FL 33702		St. Petersburg FL 33702				
	06/29/2022		L220002933	20			
3.	Date of filing/registration in Florida	4.	1111	Document number			
5. (a)	LOPEZ, BOBBY B						
(b)	Registered Agent and Registered Office shown on the records 2791 2ND ST NW	:					
	Registered Office Address (MUST BE FLORIDA STREE						
	NAPLES . 1						
	Registered Agents Inc	2023 HAY 23					
	Enter name of NEW Registered Agent and/or NEW Register						
	7901 4th St N						
	NEW Registered Office Address:	P					
	STE 300			2:			
	St. Petersburg	33702 FL		30			
the cha agent was/w the art	imited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the florida member of a member or authorized representative of a member.	of the regis liability co s of the lim he limited l	tered office mpany, it is ited liability	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany.			
				Printed or typed name of signee			
provisi the obt to mer	by accept the appointment as registered agent and a tions of all statutes relative to the proper and comple ligations of my position as registered agent as providely reflect a change in the registered office address, d in writing of this change.	te performa ded for in C I hereby ca	in this capa ince of my a hapter 605, infirm that t	city. I further agree to comply with the uties, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been			
*"" U	David Roberts - Assistant	Secretary					

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

Signature of Registered Agent