

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H230000735143)))



H230000735143ABCZ

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

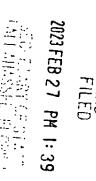
Account Number : I20090000081 : (307)200-2803 Phone Fax Number : (855)330-1010

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

Email	Address:				

LLC REGISTERED AGENT CHANGE AGATE HOME, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00



COVER LETTER

TO: Registration Section

Division	of Corporations					
SUBJECT:	AGATE HOME, LLC CCT:					
	Nam	e of Limited	Liability Company			
Dear Sir or Mada	um:					
The enclosed Reg	gistered Agent/Registered Offic	ce Change at	nd fee(s) are submitted for filing.			
Please return all o	correspondence concerning this	s matter to th	e following:			
JEROME SUL	LIVAN					
	Name of Person					
	Firm/Company					
784 S CLEARW	VATER LOOP					
	Address		 -			
POST FALLS,	ID 83854					
	City/State and Zip Code					
filings@northw	estregisteredagent.com					
E-mail addi	ress: (to be used for future anni	ial report no	tification)			
For further infor	nation concerning this matter,	please call:				
Jerome Sullivan		509 at (768-2249			
1	Name of Person		Area Code & Daytime Telephone Number			
Registra Divisior P.O. Bo	Address: ution Section of Corporations x 6327 ssee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
Enclosed	d is a check for the following	amount:				
□ \$25 F	iling Foe	a	\$55 Filing Fee & Certified Copy			
INHS18 (2/14)						

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.

(a)	27901 4th St N STE 300 Principal office address of limited hability company: (Note: MUST BE STREET ADDRESS) St. Petersburg, FL 33702 Date of filing/registration in Florida REGISTERED AGENTS INC.	(b) 	7901 4th St N STE 300 Marting address of limited hability company: (Note: MAY BE POST OFFICE BOX) St. Petersburg, FL 33702 22000308594 Document number
-	O7/11/2022 Date of filing/registration in Florida REGISTERED AGENTS INC.		(<u>Note: MAY BE POST OFFICE BOX</u>) St. Petersburg, FL 33702
	07/11/2022 Date of filing/registration in Florida REGISTERED AGENTS INC.		_22000308594
	Date of filing/registration in Florida REGISTERED AGENTS INC.		
	Date of filing/registration in Florida REGISTERED AGENTS INC.		
•	REGISTERED AGENTS INC.	4.	Document number
. (a)	gistered Agent and Registered Office shown on the records of		
		the Florida Dep	n. of State:
	7901 4th St N STE 300		
Re	egistered Office Address (MUST BE FLORIDA STREET)	(DDRESS)	
	ST. PETERSBURG , FL	33702	
(b)	NORTHWEST REGISTERED AGENT LLC		2023 FEB
Ent	ter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office addres	E R
	7901 4TH ST N		
<u>N</u> I	EW Registered Office Address:	· · · · · · · · · · · · · · · · · · ·	
	STE 300		
	ST. PETERSBURG . FI	33702	
hange or gent will ras/were	ted liability company is not organized under the lay changes are made, the Florida street address of the be identical. Or, in the case of a Florida limited lia authorized by an affirmative vote of the members cas of organization or the operating agreement of the	registered of ability comparts of the limited	ffice and the business office of the registered any, it is hereby confirmed that the change(s) I liability company or as otherwise provided in
	1501 Commence	Ca	arol Garrean / MGR
	of a member or authorized representative of a member		Printed or typed name of signee
hereby a rovisions re obliga merely , otified in	accept the appointment as registered agent and agr is of all statutes relative to the proper and complete ations of my position as registered agent as provide reflect a change in the registered office address, I I writing of this change.	ee to act in t performance d for in Chap hereby confit	his capacity. I further agree to comply with the eof my duties, and I am familiar with and accept ofer 605, F.S. Or, if this document is being filed on that the limited liability company has been
	Taylor Newman /	Assistant	Manager

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