

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

L22000308594

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.

(((H23000073514 3)))



H230000735143ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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.****

Email Address: _____

**LLC REGISTERED AGENT CHANGE
 AGATE HOME, LLC**

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

APPROVED AND FILED
 2023 FEB 27 PM 1:39
 SEC. CLERK OF STATE
 TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AGATE HOME, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JEROME SULLIVAN

Name of Person

Firm/Company

784 S CLEARWATER LOOP

Address

POST FALLS, ID 83854

City/State and Zip Code

filings@northwestregisteredagent.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jerome Sullivan

509

768-2249

at ()

Name of Person

Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

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. Name of the limited liability company: AGATE HOME, LLC

2 (a) 7901 4th St N STE 300 (b) 7901 4th St N STE 300
 Principal office address of limited liability company: (Note: **MUST BE STREET ADDRESS**)
 St. Petersburg, FL 33702
 Mailing address of limited liability company: (Note: **MAY BE POST OFFICE BOX**)
 St. Petersburg, FL 33702

3. 07/11/2022 Date of filing/registration in Florida 4. L22000308594 Document number

5. (a) REGISTERED AGENTS INC.
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
7901 4th St N STE 300

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**
ST. PETERSBURG, FL 33702


(b) NORTHWEST REGISTERED AGENT LLC
 Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**
7901 4TH ST N
NEW Registered Office Address:
STE 300
ST. PETERSBURG, FL 33702

2023 FEB 27 PM 1:39
 APPROVED AND FILED
 TALLAHASSEE, FLORIDA
 DIVISION OF CORPORATIONS

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.

 Carol Garrean / MGR
 Signature of a member or authorized representative of a member Printed or typed name of signee

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

 Taylor Newman / Assistant Manager
 Signature of Registered Agent