Florida Department of State

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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 : (855)330-1010 Fax Number

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Email Address:_

LLC REGISTERED AGENT CHANGE RANDCASS REALTY, LLC

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JUL 22 2022

K. Brumbley

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

L N	ame of the limited liability company: Randcas	s Re	aity, L	LC
2. (a)		(b	ı) <u></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)
	06/23/20			00314612
3.	Date of filing/registration in Florida	4.		Document number
5 (0)	CASSIDY, RANDOLPH			
5. (a)	Registered Agent and Registered Office shown on the records of	the Florida	ı Dept. of Sta	nte:
	10312 BLOOMINGDALE AVE STE 1	08-213	3	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			
	TAMPA	33578	3	_
(b)	Registered Agents Inc.	•		Fil. 22
	Enter name of NEW Registered Agent and/or NEW Registered	d Office ad	dress:	
	7901 4th St N			ር ነ _ላ ቸ
	NEW Registered Office Address:			AH II: 21
	STE 300			- 21
	St. Petersburg	33702	2	
the chagent was/v	limited liability company is not organized under the la lange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	f the regi iability co of the lin e limited	stered offi ompany, it nited liabil	ce and the business office of the registere is hereby confirmed that the change(s) ity company or as otherwise provided in ompany.
Sign	nature of a member or authorized representative of a member	*		Printed or typed name of signee
provi the or to me	eby accept the appointment as registered agent and ag sions of all statutes relative to the proper and complete bligations of my position as registered agent as provide rely reflect a change in the registered office address, led in writing of this change.	e perforn ed for in hereby c	iance of m Chapter 60 confirm the	spacity. I further agree to comply with the v duties, and I am familiar with and accep 05, F.S. Or, if this document is being filed u the limited liability company has been
Sions	Bill Havre - Assistar	nt Secre	etary	