12000318699

(R	equestor's Name)			
(A	ddress)			
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	WAIT	MAIL		
(B	usiness Entity Name)			
(Document Number)				
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Account#: I20000000088

For any issues please contact
Cheyanne Davis
(850) 202-1882

Date:	08/20/2024	(850) 202-1882				
	Cheyanne Davis					
Reference #	2464103					
		GATEWAY 11300, LLC				
Article	es of Incorporation/Authoriza	ition to Transact Business				
☐ Amer	ndment					
✓ Chan	✓ Change of Agent					
Reinstatement						
Conv	Conversion					
☐ Merger						
☐ Dissolution/Withdrawal						
Fictiti	ous Name					
Other						
Authorized A	Amount: \$25.00					
Signature: _	Orayune Pres_					

F: 800.944.6607

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.

Name of the limited liability company: GRID AT GATEWAY 11300, LLC			RID AT GATEWAY 11300, LLC		
2.	(a)	no change	(b)	no change	
		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
3.		7/19/2022 Date of filing/registration in Florida	 	L22000318699 Document number	
_	<i>(</i>)				
5.	(a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:			
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		57	
		11600 NINTH ST N			
		ST. PETERSBURG , FL	33	33716	
	(b)	Cogency Global Inc.		13716 20 17 LAHASS	
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office add	ldress:	
		115 North Calhoun Street, Suite 4	4	TALLAHASSEE FLORIDA	
		NEW Registered Office Address:		DRIDA	
			32	32301	
th ag wa	e cha ent v as/we	imited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia- ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the regist ability con of the limi	stered office and the business office of the registe ompany, it is hereby confirmed that the change(s) nited liability company or as otherwise provided i	ered)
		/s/ David Redden		David Redden	
	-	ture of a member or authorized representative of a member		Printed or typed name of signee	
pr the to	ovisi e obl mere	by accept the appointment as registered agent and agr ons of all statutes relative to the proper and complete igations of my position as registered agent as provided ely reflect a change in the registered office address, I h d'in writing of this change.	ee to act performa d for in C hereby co	t in this capacity. I further agree to comply with lance of my duties, and I am familiar with and ac Chapter 605, F.S. Or, if this document is being fi confirm that the limited liability company has bee	the cept led n
	.,,	/s/ Michael Carlisle			
Si	gnatu	re of Registered Agent Michael Carlisle, Assistant Sec	retary		

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