Division of Corporations

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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

: (813)436-5206

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mail Address:	
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LLC REGISTERED AGENT CHANGE CS US VACATION HOMES LLC

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Page Count	02
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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 hability 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.	HORIES LLC	•		
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b	<u> </u>	failing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	7901 4TH ST N STE 300		7901 4TH S	ST N STE 300	
	OT DETERMINE SUBSTITUTE				
	ST. PETERSBURG, FL 33702		ST. PETERSBURG, FL 33702		
	08/09/2022	l	_2200034767	75	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)	REGISTERED AGENT SOLUTIONS, INC.				
(Registered Agent and Registered Office shown on the records of				
	2894 REMINGTON GREEN LANE			207	
	Registered Office Address	A STREET ADDRESS)		2024 FEB	
	SUITE A			EB 1	
	TALLAHASSEE	32308		7 9 1	
				AM 10: 2:	
(p)	Registered Agents Inc Enter name of NEW Registered Agent and/or NEW Registered Office address:		,		
	Effet frame of NEW Registered Agent and/of (NEW Registered	1 VIIICE add	1033.	<u></u> 5	
	7901 4th St N				
	NEW Registered Office Address:		`		
	STE 300				
	St. Petersburg	33702			
the cha agent was/wa the art	imited liability company is not organized under the laringe or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited light ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the large of a member or authorized representative of a member	I the regis lability color of the limited li	tered office npany, it is ted 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 obi to mer notific	by accept the appointment as registered agent and agi ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address. I d in writing of this change.	ree to act eperforma ed for in C hereby co	in this cape nce of my e hapter 605, nfirm that t	wity. I further agree to comply with the htties, and I am familiar with and accept. F.S. Or, if this document is being filed he limited liability company has been	
<u>. j.)</u> q	David Roberts - Assistant S	ecretary			