## 

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer.							





10/28/24--01030--022 \*\*35.00

## **COVER LETTER**

TO:	Registration Section Division of Corporations		
SUBJI	ECT: PHILIDA REALTY, LLC		
	N	ame of Limited	Liability Company
Dear S	sir or Madam:		
The en	iclosed Registered Agent/Registered O	ffice Change an	d fee(s) are submitted for filing.
Please	return all correspondence concerning	this matter to the	e following:
Kristir	ia J. Wenberg, Esquire		
	Name of Person		
Sermo	ns Law, PULC	···	
	Firm/Company		
1844 3	Atlantic Boulevard		
	Address		
Jackso	onville, Florida 32207		
	City State and Zip Code		
Servic	e@sermonsfirm.com		
	E-mail address: (to be used for future a	nnual report not	ification)
For fu	rther information concerning this matte	er, please call;	
Kristii	na J. Wenberg, Esquire	at ( <u>904</u>	, 738-7207
	Name of Person	*** (	Area Code & Daytime Telephone Number
	Malling Address.		Stroot Address
	Mailing Address: Registration Section		Street Address: Registration Section
	Division of Corporations		Division of Corporations
	P.O. Box 6327		The Centre of Tallahassee
	Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
	Enclosed is a check for the followi	ng amount:	
	■ \$25 Filing Fee	٥	\$55 Filing Fee & Certified Copy
INHSI	18 (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.

	PHILIDA REALTY, LLC	(b)	(b) PHILIDA REALTY, LLC		
2. (d)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)		
	6001 Argyle Forest Boulevard, Suite 21	01 Argyle Forest Boulevard, Suite 21 6001 Arg			
	Jacksonville, Florida 32244	_ <del></del> .	Jacksonville, Florida 32244		
	August 22, 2022	<u>l.</u>	1.22000368326		
3.	Date of filing registration in Florida	4.	Document i	number	
5. (a)	Kristina J. Wenberg, Esquire, Law Offices of Robert J. P	erry, Jr., PLI	.C	· <u>·</u> · · · · ·	
. (u)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State			;- ( ` · · · · · · · · · · · · · · · · · ·	
	Calatina I Work on Camina Lord (State of Polymer I Domes In Did C				
	Kristina J. Wenberg, Esquire, Law Offices of Robert J. Perry, Jr., PLLC Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			``	
	12627 San Jose Boulevard, Suite 103				
	Jacksonville F	1. 32223		c	
(b)	Kristina J. Wenberg, Esquire, Sermons Law, PLLC  Enter name of NEW Registered Agent and/or NEW Registere  Kristina J. Wenberg, Esquire, Sermons Law, PLLC  NEW Registered Office Address:  1844 Atlantic Boulevard	d Office addr	<u>ess</u> :		
	Jacksonville , F	L. 32207			
change agent was/w was/w the art Signa I here provis the ob- to mer	imited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members icles of organization or the operating agreement of the five of a member or authorized representative of a member by accept the appointment as registered agent and agains of all statutes relative to the proper and complete ligations of my position as registered agent as provided of verflect a change in the registered office address. It dim writing of this change.	e registered iability com of the limited lia Runet	office and the busine pany, it is hereby con ed hability company oblity company. tia U. Guess  Printed or type this canacity. I furth	ss office of the registered affirmed that the change(s) or as otherwise provided in med name of signee there agree to comply with the	

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