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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I2009000081

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.**	
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Émail	Address	;							
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## LLC REGISTERED AGENT CHANGE **TGHFL 532 DUVAL LLC**

Certificate of Status	0
Certified Copy	0
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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 liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

(a)	(b)
Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(b)
	51 Coffeen Avenue Suite 101-283
	Sheridan, WY 82801
09/09/2022	L22000395490
Date of filing/registration in Florida	4. Document number
(a) HIDALGO-GATO & ASSOC	<del></del>
Registered Agent and Registered Office shown on the records	s of the Florida Dept. of State:
2304 BAY VILLAGE CT	20:
Registered Office Address (MUST BE FLORIDA STREE	ET ADDRESS)
	-1 -3
WEST PALM BEACH	FL 33410
Registered Agents Inc	
(b) <u>NEW Registered Agent and/or NEW Registered</u>	ered Office address:
The state of the s	ered Office address:
7901 4th St N	
NEW Registered Office Address:	
STE 300	
St. Petersburg	33702
change or changes are made, the Florida street address int will be identical. Or, in the case of a Florida limited	e laws of the State of Florida, it is hereby confirmed that after is of the registered office and the business office of the registe id liability company, it is hereby confirmed that the change(s) its of the limited liability company or as otherwise provided in the limited liability company.
a him was	

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.

David Roberts - Assistant Secretary

Printed or typed name of signed

Signature of Registered Agent

Signature of a member or authorized representative of a member