L22 000 404 316

(Re	equestor's Name	
(Address)		
(Address)		
(Ci	ty/State/Zip/Pho	he #)
PICK-UP	☐ WAIT	☐ MAIL
(Bı	isiness Entity N	ame)
(Do	cument Numbe	r)
Certified Copies	_ Certificat	es of Status
Special Instructions to	Filing Officer:	
	Office Use C	only 277



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THE REAL PROPERTY OF THE PROPE

COVER LETTER

TO: Registration Section Division of Corporations		
Panhandle 98 Holdings I SUBJECT:	LC	
Jobeth	Name of Limited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Reg	istered Office Change and fee(s) are submitted for filing.	
Please return all correspondence cor	ncerning this matter to the following:	
Judy Limbach		
Name of Pe	rson	} =
OZPros, LLC		
Firm/Comp	any	
156 W Statesville Avenue		
Address		· -
Mooresville, NC 28115		
City/State and	Zip Code	
judy@ozpros.com		
E-mail address: (to be used fo	future annual report notification)	
For further information concerning	this matter, please call:	
Judy Limbach	704 517-0627 at ()	
Name of Person	Area Code & Daytime Telephone Number	
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
Enclosed is a check for th	e following amount:	
■ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy	
INHS18 (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.

1. Na	ame of the limited liability co	Panhandle 98 Hold	ings LL	С		
2. (a)			(}	o)		
2. (a) _	Principal office address of (Note: MUST BE S		_ (Mailing address of limited (Note: MAY BE POST	
	6015 Rich Farm Road			6015 Rich	ı Farm Road	
	Tallahassee, FL 32317		_	Tallahasse	ee, FL 32317	
	September 15, 2022			L22000404	316	
 (a) 	Date of filing/regist Atul A. Patel	ration in Florida	4.		Document number	-
J. (u)	Registered Agent and Registered C	ffice shown on the records of th	ne Florida	a Dept. of Sta	ite:	
					-	22
	Registered Office Address (ME) 6015 Rich Farm Road	<u>VST BE FLORIDA STREET A</u>	DDRESS	<u>2)</u>		1. Table of the 22 OCT 14
	Tallahassee	, FL	32317		_	<u> </u>
(b)	Northwest Registered Agent LI Enter name of NEW Registered A	С		ldress:	_	\$30 p. 5: 07
					_	
	NEW Registered Office Address:					
	7901 4th St N, Ste 300				_	
	St. Petersburg	, FL	33702		_	
change agent was/w	imited liability company is not or changes are made, the Flowill be identical. Or, in the casere authorized by an affirmaticles of organization or the or	rida street address of the i se of a Florida limited lial we vote of the members of	register oility co the lin imited	ed office ar ompany, it nited liabili	nd the business office of is hereby confirmed that ty company or as other	of the registered at the change(s)
_	ture of a member or authorized repr				Printed or typed name of	_
I here provis the ob- to mer notifie	by accept the appointment as ions of all statutes relative to ligations of my position as reg ely reflect a change in the reg d in writing of this change.	registered agent and agre the proper and complete p istered agent as provided istered office address, I h	e to act perform for in (ereby c	t in this cap ance of my Chapter 60 onfirm that	pacity. I further agree duties, and I am famil 5, F.S. Or, if this docusthe limited liability co	to comply with the lar with and accept iment is being filed ompany has been
	Ton Glove					
Signati	ire of Registered Agent	Ì				