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(Requestor's Name)							
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☐ PICK-UP ☐ WAIT ☐ MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							
J. HORNE							
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## **COVER LETTER**

TO:

INHS18 (2/14)

Registration Section

Division of Corporations COVERED BRIDGE INVESTMENTS LLC **SUBJECT:** Name of Limited Liability Company Dear Sir or Madam: The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Susan Rushing Name of Person Rushing Law Firm, PLLC Firm/Company 3124 West County Highway 30A Address Santa Rosa Beach, FL 32459 City/State and Zip Code susan@rushinglaw30a.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Susan Rushing 850 534-0123 at ( Name of Person Area Code & Daytime Telephone Number **Mailing Address:** Street Address: Registration Section 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 following amount: ■ \$55 Filing Fee & Certified Copy **\$25** Filing Fee

## STÅTEMENT 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.

2. (a)	102 FLIP FLOP LANE		(b	1720 SOU	TH WALTON BLY	√D		
2. ()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0		Mailing address of lim (Note: MAY BE PO	-	-	y:
	INLET BEACH, FL 32461			BENTON	VILLE, AR 72712			
		<u>_</u>						_
	09/28/2022			1,220004211	163			
3.	Date of filing/registration in Florida	— 4.	-		Document numbe	r		
- / >	Rushine Law Firm PLLC							
5. (a)	Registered Agent and Registered Office shown on the records of	of the Flo	rida	Dept. of State	- !:			
	Registered Office Address (MUST BE FLORIDA STREE)	TADDR	ESS	 <u>}</u>	-			
	1394 COUNTY HIGHWAY 283 S. BLDG. 1					,~···,		
	Santa Rosa Beach , F	L_3245	9		-		23 AUG 11 PH 43	
						127 127	_	
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:			_		<b>3</b> 0	<u>.</u>	
				<u></u>		1.000	- <del>-</del>	ر)
	NEW Registered Office Address:				-	22.171	55	
	3124 West County Highway 30A				_			
	Santa Rosa Beach	L 3245	9					
change agent v was/we	imited liability company is not organized under the last or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lare authorized by an affirmative vote of the members teles of organization or the operating agreement of the	e regis iability of the	tere ' coi lim	d office and npany, it is ted liability	I the business office thereby confirmed or as of the company of	ce of the reg I that the ch	gistere ange(	ed s)
Signature of a member or authorized representative of a member					Printed or typed nam	e of signee		
provisi	by accept the appointment as registered agent and ag ons of all statutes relative to the proper and complet igations of my position as registered agent as provid ely reflect a change in the registered office address, l I in writing of this change.	e nerto.	111/1	nce at my a	luties and Lam fa	milizir with	and a	rrent

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

INHS18 (2/14)

Signature of Registered