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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : 120090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

\*\*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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tmall.	Address:		

## LLC REGISTERED AGENT CHANGE **ESTATE FOSTER LLC**

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T. LEMIEUX

JAN 1 0 2024

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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.

L N	ame of the limited liability company: Estate Foster	Llc		
2. (a)		(h)		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)		
	12/31/22			
3.	Date of filing/registration in Florida	<u>L22000433</u> 4.	Document number	· · · · · · · · · · · · · · · · · · ·
<i>.</i>	- -	₹,	Document number	
5. (a)	FOSTER, DALTON K, SR Registered Agent and Registered Office shown on the record	and the FI of the Paris of the	· <del>-</del>	
		s of the morida Dept. of Sta	te:	
	15900 SW 35TH CT RD #1  Registered Office Address (MUST BE FLORIDA STRE	10.00		3
	Registered Office Address (MUST BE FLORIDA STRE	E.I ADDRESS)		- 3
			_	
	OCALA	FL 34473		-
			_	
(b)	Registered Agents Inc		_	
	Enter name of NEW Registered Agent and/or NEW Register	ered Office address:	_	<del>-:</del> 
	7901 4th St N		•	ψ- Ψ
	NEW Registered Office Address:	<del></del>	-	
	STE 300			
			_	
	St. Petersburg	FL	_	
agent w was/we	mited liability company is not organized under the nge or changes are made, the Florida street address till be identical. Or, in the case of a Florida limited re authorized by an affirmative vote of the member eles of organization or the operating agreement of the second control of the operating agreement of the oper	of the registered office Hiability company, it is an of the limited liability	c and the business office s hereby confirmed that y company or as otherw	of the registered
	are of a member or authorized representative of a member	Robin Jones		
			Printed or typed name of sig	
Thereb provision the obli to mere vatibed	y accept the appointment as registered agent and completions of all statutes relative to the proper and completions of my position as registered agent as providy reflect a change in the registered office address, in writing of this change.  **David Roberts**	igree to act in this cap ate performance of my ded for in Chapter 605 I hereby confirm that	acity. I further agree to duties, and I am Jamiliai , F.S. Or, if this docum the limited liability com	comply with the with and accept ent is being filed pany has been
$\mathcal{I}$	C_			
Signatur	e of Registered Agent			