Florida Department of State Division of Corporations Electronic Filing: Cover Sheet

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	vision of Corporations Number : (850)617-6383		
Ac Phi Fa:	count Name : REGISTERED AGENTS INC count Number : I20090000081 dne : (307)200-2803 x Number : (855)330-1010 email address for this business enti		future
annual	report mailings. Enter only one ema	il address please.	**
	LLC REGISTERED AGENT C ALPHA BRAVO LAND MANAGE		2023
·	Certificate of Status Certified Copy Page Count Estimated Charge	0 0 02 \$25.00	APPROVED AND FILED 2023 JAN - 3 PM 3: CALLED AND AND AND AND AND AND AND AND AND AN
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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 605.6114 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	Name of the limited liab	ility company: Alpha Bra	avo Land N	1anagemen	nt, LLC	
2. fa)		(b)			
	Principal office a	ldress of limited hability company: ST BE STREET ADDRESS)		Mailing address of limite (Note: MAY BE POS	· · ·	_
	7901 4th St N	STE 300	7901 4	th St N STE 3	00	
	St. Petersburg	FL 33702	St. Pete	rsburg FL 33702)	_
	10/19/22		L2200	0450939		
3.	Date of filin	g/registration in Florida	4.	Document number		_
5. (a	, STEWART, JA	SON				
		istered Office shown on the records of t	the Florida Dept. of Stat	e:		
	1231 BARRET	TRD				
	Registered Office Addres	(MUST BE FLORIDA STREET A	ADDRESS)			
	NORTH FORT	MYERS . FL	33903	_		
(b)	, Northwest F	l Registered Agent L	LC.		2023 JAN - 3 2023 JAN - 3	
	·	stered Agent and/or NEW Registered	Office address:	-		
	7901 4th St	N				>
	NEW Registered Office .	Address:		-	PH	
	STE 300				ي 5 - ا	
	St. Petersb	ura	33702	-	··I	
	Ot. 1 CtC13D	. FL		-		
the chagent was/w	nange or changes are ma will be identical. Or, in were authorized by an ai	ny is not organized under the law de, the Florida street address of the case of a Florida limited lia firmative vote of the members o the operating agreement of the	the registered office ibility company, it i i the limited liabilit	e and the business of s hereby confirmed (y company or as oth	ffice of the registered that the change(s)	d
	Nat Sm	red representative of a member	Nat Smith			
Sign	ature of a member or authori	red representative of a member		Printed or typed name	of signee	-
provis the ob to met notifiq	sions of all statutes rela digations of my position rely reflect a change in yd in writing of this cha	ent as registered agent and agra tive to the proper and complete as registered agent as provided the registered office address. I h	ee to act in this cap performance of my I for in Chapter 602 wereby confirm that	acity. I further agreduties, and I am fam 5. F.S. Or, if this doc the limited liability (re to comply with the uiliar with and accep cument is being filed company has been	y Y
/V= 		Taylor Newman - Assistant	t Secretary			
Signat	ure of Registered Agent					

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