Florida Department of State

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LLC REGISTERED AGENT CHANGE RIVER CITY PLAY TIME LLC

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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.

1. Na	ame of the limited liability company: River City Play?	Time LLC	
2. (a)	11379 Sweet Cherry Ln S	(b)	
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Jacksonville,Florida (US)32225		· · ·
	10/25/2022 12:00:00 AM	1.220	100459319
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	LEGALINC CORPORATE SERVICES INC.		
J. (a)	Registered Agent and Registered Office shown on the records o	f the Florida Dept	. of State:
	476 Riverside Ave.		· .c
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		
(b)	Jacksonville, F	1.32202	
	Corporate Creations Network Inc.		÷ .2:
	Enter name of NEW Registered Agent and/or NEW Registere	d Office address	<u></u> ن
	801 US Highway 1		
	NEW Registered Office Address:		
	North Palm Beach	L_33408	
change agent v was/we	imited liability company is not organized under the later changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited light authorized by an affirmative vote of the members cles of organization of the operating agreement of the	iws of the State e registered of iability compa- of the limited	fice and the business office of the registered ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in
			W. Gossman, Special Manager
Signa	ture of a member of authorized representative of a member		Printed or typed name of signee
provisi the obl to merc	by accept the appointment as registered agent and ag ons of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a éhange in the registered office address, l l'in writing of this change. Danielle	e performance ed for in Chapi hereby confiri	of my duties, and I am familiar with and accept
Signatu	re of Registered Agent	, •	p Scoretary

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