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COVER LETTER

(((H22000390243 3)))

TO: Registration Section Division of Corporations

GROUND2WALL LLC

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:

LOVETTE DOBSON

Name of Person

INCFILE.COM LLC

Firm/Company

17350 STATE HWY 249 #220

Address

HOUSTON, TEXAS 77064

City/State and Zip Code

EFILE1234@INCFILE.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LOVEITE DOBSON	888 462-3453 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 followin	g amount:
🖀 \$25 Filing Fee	\$55 Filing Fee & Certified Copy
INHS18 (2/14)	(((H22000390243 3)))

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY (((H22000390243 3)))

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.

. (a)			(b)					
	Principal office address of limited liability comp (Note: MUST BE STREET ADDRESS)	any:	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)					
	2006 CEDAR AVE		2006 CEDAR AVE					
	SANFORD. FL 32771		SA	NFORI	D, FL 32771			
	11/08/2022		1,22	0004797	782			
	Date of filing/registration in Florida	4.			Document i	aumber		
. (a)					_			
(,	Registered Agent and Registered Office shown on the re-	cords of the Flor	ida Dep	c of Stat	le:			
	UNITED STATES CORPORATION AGENTS, I	NC.						
	UNITED STATES CORPORATION AGENTS, I Registered Office Address (MUST BE FLORIDA S	<u> </u>			_			
		<u> </u>			_			
	Registered Office Address (MUST BE FLORIDA S	<u> </u>	<u>55)</u>		-	_	2	
(b)	Registered Office Address (MUST BE FLORIDA S 5575 S. SEMORAN BLVD. SUITE 36 ORLANDO	<u>TREET ADDRE</u>	551		-		2022 N(
(b)	Registered Office Address (MUST BE FLORIDA S 5575 S. SEMORAN BLVD. SUITE 36 ORLANDO	<u>TREET ADDRE</u>	551		-		2022 NOV 1	_ I ±
(b)	Registered Office Address (MUST BE FLORIDA S 5575 S. SEMORAN BLVD. SUITE 36 ORLANDO	<u>TREET ADDRE</u>	551		-		- - -	- m=
(b)	Registered Office Address (MUST BE FLORIDA S 5575 S. SEMORAN BLVD. SUITE 36 ORLANDO Enter name of <u>NEW Registered Agent</u> and/or <u>NEW R</u>	<u>TREET ADDRE</u>	551		- - -		- - -	- ma
(b)	Registered Office Address (MUST BE FLORIDA S 5575 S. SEMORAN BLVD. SUITE 36 ORLANDO Enter name of <u>NEW Registered Agent</u> and/or <u>NEW R</u> REPUBLIC REGISTERED AGENT LLC	<u>TREET ADDRE</u>	551		-			- ma

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

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DANIEL E. CARTER JR

Signature of a member or authorized representative of a member

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

sulte Delan

Signature of Registered Agent

Division of Corporations• P.O. Box 6327• Tallahassee, FL 32314 FILING FEE: \$25.00 (((H22000390243 3)))