Florida Department of State Division of Oproprations lectronic Filing Cover She

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Division of Corporations

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From:

Account Name : COMPUTERSHARE Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

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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LLC REGISTERED AGENT CHANGE EAZY RENOVATIONS LLC

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EFC 1 4 2023



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.

	ame of the limited liability company: 122.3 Kellovations 2676937144	(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)
	Riverview.Florida (US)33579		
		 .	
	11/9/2022 12:00:00 AM	_ [_ 	22000480270
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	LEGALINC CORPORATE SERVICES INC.		
	Registered Agent and Registered Office shown on the records of	the Florida I	Dept. of State:
	476 Riverside Ave.		
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)	
	Jacksonville , FL	32202	2
(b)	Corporate Creations Network Inc.		2023 DEC
	Enter name of NEW Registered Agent and/or NEW Registered	Office addi	<u> </u>
	801 US Highway 1		
	NEW Registered Office Address:		AH (30)
	North Palm Beach	33408	
change agent v was/we	imited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lia- ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	vs of the S registered ability com of the limit	office and the business office of the registered apany, it is hereby confirmed that the change(s) ed liability company or as otherwise provided in
			le W. Gossman, Special Manager
Signat	are of a member of authorized representative of a member	-	Printed or typed name of signee
provisi	ov accept the appointment as registered agent and agr ons of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I h I in writing of this change.	performan d for in Ch iereby con	ice of my duties, and I am familiar with and accent

FILING FEE: \$25.00