

Florida Department of State Division of Compositions

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Division of Corporations

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

പ**്ട്രി**il Address:__

LLC REGISTERED AGENT CHANGE RESPECTFULLYTURNERINVESTMENT 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.	Name of the limited liability company: RespectfullyTurn	erInvestm	ent LLC	
2. (a	27140 simona ave	(t	s)	
~· (··	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		:	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Brooksville,Florida (US)34602			
	11/21/2022 12:00:00 AM		1.220004971	42
3.	Date of filing/registration in Florida	4.		Document number
5. (LEGALINC CORPORATE SERVICES INC.			
,	Registered Agent and Registered Office shown on the records of 476 Riverside Ave.	the Florida	Dept. of State	- ::
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			-
	Jacksonville, F1	32202		2023
(b)	Corporate Creations Network Inc.			2023 DEC
	Enter name of NEW Registered Agent and/or NEW Registered	Office ad	dress:	
	801 US Highway 1			
	NEW Registered Office Address:			2: 14
	North Palm Beach	33408		
chan agent was/	e limited liability company is not organized under the lay ge or changes are made, the Florida street address of the t will be identical. Or, in the case of a Florida limited lia were authorized by an affirmative vote of the members of tricles of organization of the operating agreement of the	registere ability co of the lim	ed office and impany, it is lited liability	I the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
		Dani	elle W. Goss	man, Special Manager
Sig	nature of a member or authorized representative of a member			Printed or typed name of signee
provi the o to me	weby accept the appointment as registered agent and agrisions of all statutes relative to the proper and complete bligations of my position as registered agent as provide rely reflect a change in the registered office address, I lied in writing of this change.	ree to act performa d for in C hereby co	in this capa ance of my o Chapter 605 onfirm that i	acity. I further agree to comply with the luties, and I am familiar with and accept F.S. Or, if this document is being filed the limited liability company has been
	Danielle Gossman,	Special	Secretary	
Signa	ture of Registered Agent			