## Florida Department of State Division of Suppositions Electronia Filing Gover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

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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DEPARTS OF STATE OF STATE STAT

## LLC REGISTERED AGENT CHANGE NEXT SUCCESS TREY LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

## 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: Next Success T	rey LLC		
2. (a)	3900 whispering pine ct	(b) 3900 whispering pine ct		
- ()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)	
	Mascotte, FL 34753	Mascol	nc, FL 34753	
	01/03/2023	L230000	006649	
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 of	of the Florida Dept. of	State:	
	476 Riverside Ave.		o 25	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		2024 JAN SECRETA	
	Jacksonville, F	FL 32202	H 79 F	
(b)	Corporate Creations Network Inc.			
(-)	Enter name of NEW Registered Agent and/or NEW Register			
	801 US Highway I		m <b>w</b>	
	NEW Registered Office Address:			
	North Palm Beach	FL 33408		
change agent v was/wa	imited liability company is not organized under the le or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	aws of the State of ne registered office liability company, s of the limited liab	and the business office of the registered it is hereby confirmed that the change(s) ility company or as otherwise provided in	
	Kristen Espinales	Kristen Espir	nales, Attorney-in-Fact	
Signa	ture of a member or authorized representative of a member	<del></del>	Printed or typed name of signee	
provisi the obl to mer	by accept the appointment as registered agent and a ions of all statutes relative to the proper and complet ligations of my position as registered agent as provid ely reflect a change in the registered office address, d'in writing of this change.	gree to act in this c le performance of n led for in Chapter t I hereby confirm th	apacity. I further agree to comply with the ny duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed out the limited liability company has been	
	Kristen Espinales Kristen Espinales. Special Secretary			
Signatu	re of Registered Agent			