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10:

Page: 2 of 4

Division of Corporations

Fax Number : (850)617-6383

From:

C

Account Name : SPI AGENT SOLUTIONS, INC.

Account Number : I20230000143 Phone : (888)314-3998 Fax Number : (518)514-1288

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

Email	Address:	 <u> </u>	

LLC REGISTERED AGENT CHANGE CLB CASTLE, LLC

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M. SOLOMON FEB 4 2 2024

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INHS18 (2/14)

COVER LETTER

TO: Registration Section Division of Corporations		
CUB CASTLE, LLC SUBJECT:		
	anic of Limited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered O	ffice Change and fee(s) are submitted for filing	
Please return all correspondence concerning t	this matter to the following:	
Jue DiGaetano		
Name of Person	 	
SPI Agent Solutions, Inc.		
Firm Company		2024
524 S 2nd St Ste 505		2024 FEB 22
Address		22
Springfield II. 67201		: <u>P</u>
City/State and Zip Code		P#12: 36
E-mail address: (to be used for future an	nnual report notification)	
For further information concerning this matte	er, please call.	
Joe DiGaetano	512 309-1153 at ()	
Name of Person	Area Code & Daytime Telephone Numbe	er
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, Fl. 32303	
Enclosed is a check for the followin	ig amount:	
□ \$25 Filling Fee	☐ \$55 Filing Fee & Certified Copy	

To, Page: 4 of 4 2024-02-22 17:33:39 GMT 15185141288 From: Lindsay Gates

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 Statines, 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.

	me of the limited liability company. CLB CASTLE, 708 LYNNBROOK ROAD NASHVILLE, FL 37215	-	FOS LYNNBROOK ROAD NASHVILLE, FL 37215	_
2. (a)	Procepal office address of limited hability company (Note: MUST BE STREET ADDRESS)	(b) _	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	_
•	01/17/2023	_	23000018059	_
3.	Date of filing/registration in Florida UNIVERSAL REGISTERED AGENTS, INC	4.	Document number	
5. (a)	Registered Agent and Registered Office shown on the records of	if the Florida De	ent of State	
	The second of th	1 0,00	4 · · · · · · · · · · · · · · · · · · ·	
	Registered Office Address (MUST BE FLORIDA STREE) 1317 CALIFORNIA ST.	TADDRESS)	2024	
	TALLAHASSEE F	32304 1		
	SPI AGENT SOLUTIONS, INC.	• •	22	
(b)	Enter name of NEW Registered Agent and/or NEW Registered			
			Ph 12: 38	L
	NEW Registered Office Address:	 		
	1540 GLENWAY DR			
	TALLAHASSEE	L_32301		
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 large authorized by an affirmative vote of the members cles of organization or the operating agreement of the Unit L. Pro-	iws of the Sta e registered of lability comp of the limited	office and the business office of the registered any, it is hereby confirmed that the change(s) d hability company or as otherwise provided in ility company.	iC
Signal	ture of a member or authorized representative of a member		Printed or typed name of signee	
provisi the obl. to merc	by accept the appointment as registered agent and agens 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. If no senting of this change. (1) (1) Lindsay Gates President Signal S	e performane ed for in Cha hereby confi	e of my duties, and I am familiar with and accepter 605, F.S. Or, if this document is being filed rin that the limited liability company has been	H