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Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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 BRADDOCK POOL SERVICE 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. Na	une of the limited liability company:	SERVI	CE LLC		
2. (a)		(1	o)		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	- `		Mailing address of limited (Note: MAY BE POST	l liability company:
	7901 4th St N STE 300		8995 Paxt	on Rd	
	St. Petersburg FL 33702	_	Jacksonvill	le FI 32219	
	01/30/23		L230000543	343	
3.	Date of filing/registration in Florida	4.		Document number	· · · · · · · · · · · · · · · · · · ·
5. (a)	LEGALCORP SOLUTIONS, LLC				
J. 147	Registered Agent and Registered Office shown on the records of th	e Florid	a Dept, of Stat	 le:	
	Registered Office Address (MUST BE FLORIDA STREET AL	DDRES.	<u></u>	-	
	3440 W HOLLYWOOD BLVD. SUITE 415			_	
	HOLLYWOOD .FL3	3021		_	~
(b)	Registered Agents Inc			_	2024 APR
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>	ldress:	-	25	
	7901 4th St N				P · 1.
	NEW Registered Office Address:			are.	ۇن 1.
	STE 300		· · · · · · · · · · · · · · · · · ·	.	
	St. Petersburg, FL_	3702		_	
the cha agent v was/we the arti	imited liability company is not organized under the lawsinge or changes are made, the Florida street address of tivill be identical. Or, in the case of a Florida limited liabore authorized by an affirmative vote of the members of cles of organization or the operating agreement of the liabore.	he regi pility co the lin imited	stered offic ompany, it i nited liabilit	e and the business of is hereby confirmed the ty company or as other	fice of the registered hat the change(s)
Signat	Makana Jean 2 je ture of a member of authorized representative of a member			Printed or typed name of	f signee
I herei provisi the obl to mere not <u>ifi</u> co	by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address, I he I'm writing of this change.		t in this cap ance of my Chapter 60, onfirm that	acity. I further agree duties, and I am fami 5, F.S. Or, if this doc the limited liability c	: to comply with the iliar with and accept ument is being filed company has been

Signature of Registered Agent