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Division of Corporations
Fax Number : (850)617-6383

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Account Name : CAPITOL SERVICES, INC.
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Phone : (855)498-5500
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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.****

Email Address: _____

**LLC REGISTERED AGENT CHANGE
NORTH RIVER CIRCLE, LLC**

*****PLEASE UPDATE ENTITY'S
PRINCIPAL AND MAILING
ADDRESS AS WELL
(BLOCKS 2 (A) & (B))**

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

H23000054804

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: North River Circle, L.L.C.

2. (a) Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)

196 Haven Beach Drive South

Indian Rocks Beach, Florida 33785

February 1, 2023

(b) Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)

196 Haven Beach Drive South

Indian Rocks Beach, Florida 33785

L23000060363

3. Date of filing/registration in Florida 4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Jack Mellon

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

1432 North River Circle

Tarpon Springs, FL 34689

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

Capitol Corporate Services, Inc.

NEW Registered Office Address:

515 East Park Avenue 2nd Fl

Tallahassee, FL 32301

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

DocuSigned by:

Jack Mellon

Jack Mellon, Member

Signature of a member or authorized representative of a member

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Taylor Seay

Taylor Seay, As Asst. Secretary

Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00

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