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To:

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

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From:

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Account Name	:	REGISTERED AGENTS	INC.
Account Number	:	12009000081	
Phone	;	(307)200-2803	
Fax Number	:	(813)436-5206	



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ail Address:

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LLC REGISTERED AGENT CHANGE BEHNKE LLC

the email address for this business entity to be used for future

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🚰 nual report mailings. Enter only one email address please.**

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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.

(a)		_ (b) <u> </u>	Mailing address of limited liability company:
	Principal office address of limited liability company: (<u>Note: MUST BE STREET ADDRESS</u>)		N	Mailing address of limited liability company: (<u>Note: MAY BE POST OFFICE BOX</u>)
		_		
	02/23/2023	t	_23000099:	344
	Date of filing/registration in Florida	4.		Document number
(a)	Registered Agents Inc			
(4)	Registered Agent and Registered Office shown on the records of th			
	1946 TYLER STREET			ALL AT T
	Registered Office Address <u>MUST BE FLORIDA STREET A</u>	DDRESS)	· · · · · · · · · · · · · · · · · · ·	
	HOLLYWOOD FL_	3020		PILLAHASSTE FLORID
(b)	REGISTERED AGENTS INC			1-0316
(7 .	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> ()ffice add	ress	
	7901 4TH ST N			
	<u>NEW</u> Registered Office Address:			-
	STE 300			
	ST. PETERSBURG	3702		
inge int w s/we	mited liability company is not organized under the laws or changes are made, the Florida street address of the r fill be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li	s of the s egistered ility cor the limi	l office and npany, it is ted liability	I the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
	tes of organization or the operating agreement of the h		ability com n Jones	pany.

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. Thereby confirm that the limited liability company has been notified in writing of this change.

Javid K-Boerts **David Roberts** í.

Signature of Registered Agent

Division of Corporations+ P.O. Box 6327+ Tallahassee, FL 32314 FILING FEE: \$25.00