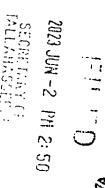
## L23000109113

	(Requestor's Name)
*	(Address)
	(Address)
	(City/State/Zip/Phone #)
	□ 14417 □ 11411
PICK-UP	WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
	J. HORNE
	JUN - 5 2023
	JOM - 2 S0S3
·	

Office Use Only



400409861234





## **CT CORP**

## (850)656-4724 3458 Lakeshore Drive, Tallahassee, FL 32312

06/02/2023

Date:

4:1 DW

		Acc#I20160000072	
Name:	EXTRA CLO	SET LEESBURG, LL	С
Document #:			
Order #:	14966410		
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of			
Apostille/Notarial Certification:		Country of Destination:  Number of Certs:	
Filing: 🗸	Certified: Plain: COGS:		Email Address for Annual Report Notifications:
Availability  Document  Examiner  Updater  Verifier  W.P. Verifier  Ref#	Amount: \$	55.00	

Thank you!

## 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.

Na	me of the limited liability company: EXTRA CLOSET	LEESBURG.	LLC	
,,	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing address of limite (Note: MAY BE POS	d liability company:
	6327 Edgewater Drive			
	Orlando FL 32810			
	03/09/2023	1.230	00109673	
	Date of filing/registration in Florida	4.	Document number	
(a)	SMITH, MARC M			
(4)	Registered Agent and Registered Office shown on the records of	the Florida Dept	of State:	
	6327 EDGEWATER DRIVE			
	Registered Office Address	(DDRESS)	· ··- ·	
	ORLANDO, FL	32810		
(b)	C T Corporation System			2023 , SECF
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office address:		
				385 -5
	NOW December 1997 Add to			
	NEW Registered Office Address: 1200 South Pine Island Road			
	1200 South Fine Island Koad			50
	Plantation	33324		
	mited liability company is not organized under the layinge or changes are made, the Florida street address of			
ent v	vill be identical. Or, in the case of a Florida limited his	ability compa	ny, it is hereby confirmed t	that the change(s)
s/we arti	ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	I the timited limited liabil	nability company or as oth ity company.	erwise provided i
		Tiffany K		
Color	ure of a member or authorized representative of a member	Printed or typed name of	of signee	
ovisi obl nero	ov accept the appointment as registered agent and agr ons 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, I in I in writing of this change.	performance d for in Chap	of my duties, and Lam fam ter 605, F.SOr, if this doc	illiar with and acc cument is being fi
	CT Corporation System  Maria Ozaeta, Vice re of Registered Ageld	President		

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