3/28/23, 5:09 PM

Division of Corporations

(((H23000117600 3)))



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(((H23000117600 3)))



H230001176003ABCU

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INCFILE.COM LLC Account Number : I20220000070 Phone : (888)462-3453 Fax Number : (877)919-2613

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

EFILE1234@INCFILE.COM

LLC REGISTERED AGENT CHANGE COMMON ROYALS LLC

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COVER LETTER

•		•
ro: Registration Section		
Division of Corporations		
COMMON ROYALS LLC		
SUBJECT:		(1.10) G
Nam	ic of Limited I	Liability Company
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Offi	ice Change and	d fee(s) are submitted for filing.
Please return all correspondence concerning thi	is matter to the	following:
, <u>-</u>		-
A CANTAIN DOUBLES		
LOVETTE DOBSON		<u></u>
Name of Person		
AVZEN C CONALL C		
INCFILE.COM LLC		
Firm/Company		
17350 STATE HWY 249 STE 220		
Address		
HOUSTON, TX 77064		
City/State and Zip Code		
EFILE1234@INCFILE.COM		
E-mail address: (to be used for future ann	ual report not	ification)
E-mail address. (to be used for future and	nuit report not	nickion)
For further information concerning this matter,	please call:	
LOVETTE DOBSON	888	462-3453
	at ()
Name of Person		Area Code & Daytime Telephone Number
Mailing Address:		Street Address:
Registration Section		Registration Section
Division of Corporations		Division of Corporations
P.O. Box 6327		The Centre of Tallahassee
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810
Talialiassee, FL 32314		Tallahassee, FL 32303
		· chiminoto, i i i i i i i i i i i i i i i i i i i
Enclosed is a check for the following	ramoant:	
		\$55 Ellion Enn & Contifued Conse
■ \$25 Filing Fee	u	\$55 Filing Fee & Certified Copy
INHS18 (2/14)		

(((H23000117600 3)))

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 /3					
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b ₎	(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	1150 NW 72ND AVE TOWER 1 STE 455 #9655		1150 NW 72ND A	VE TOWER 1 STE 455 #9655	
	MIAM1, FL 33126		MIAMI, FL 33126		
	03/02/2023	ī	.23000111456		
3.	Date of filing/registration in Florida	4.	Docum	nent number	
6. (a)	Registered Agent and Registered Office shown on the records REPUBLIC REGISTERED AGENT LLC	s of the Florida	Dept. of State;		
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 1150 NW 72ND AVE TOWER I, STE 455				
	MIAMI	FL_33126		207	
(b)	Enter name of NEW Registered Agent and/or NEW Register			2023 HAR (
	Austin Hoff	iteu Office auc	1 635.	29 Fi	
	NEW Registered Office Address:				
	855 Central Ave Unit 732			9. 00	
	Saint Petersburg	FL.33701			
hange igent was/w he art	limited liability company is not organized under the or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the membericles of organization or the operating agreement of the difference of a member or authorized representative of a member	the registered i liability corrs of the limithe the limited li	I office and the bunpany, it is hereby ted liability compability company. In Hoff	usiness office of the registered y confirmed that the change(s)	
l here	by accept the appointment as registered agent and cions of all statutes relative to the proper and completing attentions of my position as registered agent as proviety reflect a change in the registered office address,	agree to act ele performa ided for in C , I hereby co	in this canacity. I	further agree to comply with the	