123000136945

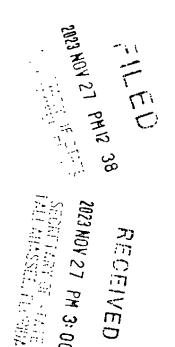
(R	equestor's Name)	
(A	.ddress)	
(A	ddress)	
	ity/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(В	lusiness Entity Nan	ne)
(D	ocument Number)	
entified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



800417130768

LLC RAFRO change



A. RAMSEY NOV 28 2023

Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301 850.656.7956

Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com



ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303

corphelp@dos.myflorida.com 850-245-6051 FROM Melissa Moreau mmoreau@incserv.com 850.656.7953

REQUEST DATE 11/27/2023

PRIORITY Regular Approval

OUR REF # (Order ID#) 1200460

ORDER ENTITY

220 WALTON BOULEVARD LLC

PLEASE PERFORM THE FOLLOWING SERVICES: 220 WALTON BOULEVARD LLC (FL)

File the attached change of agent document

NOTES:

\$25.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Monday, November 27, 2023 Page Lof I

COVER LETTER

TO: Registration Section Division of Corporations		
220 Walton Boulevard LLC SUBJECT:		
Name of Limi	ted Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Chang	e and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to	o the following:	
Sapphire Marquez		
Name of Person		
SunDoc Filings		
Firm/Company		
7801 Folsom Blvd Ste 202		
Address		
Sacramento CA 95826		
City/State and Zip Code		
philippkirschbaum@gmail.com		
E-mail address: (to be used for future annual report	notification)	
For further information concerning this matter, please cal	II:	
Philipp Kirschbaum 561	6685654	
Name of Person	Area Code & Daytime Telephone Number	
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
Enclosed is a check for the following amount:		
■ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy	

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. N	lame of the limited liability company: 220 Walton Boul	levard I —-	LLC		
2. (a)	3080 NE 41ST ST		(b	3080 NE 4	IST ST
(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		ζ.,		Mailing address of limited liability company: ### (Note: MAY BE POST OFFICE BOX)
	FT LAUDERDALE, FL 33308			FT LAUDI	ERDALE, FL 33308
	03/24/2023]	.230001369	45
3.	Date of filing/registration in Florida	4.		·-	Document number
5. (a	SUNDOC FILINGS INCORPORATED				
,	Registered Agent and Registered Office shown on the records of 3458 LAKESHORE DRIVE	the Flo	orida	Dept, of State	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				103 NOV 27 PM 12 38
	TALLAHASSEE	L	2		
(b)					
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :				•
	801 US Highway I				
	NEW Registered Office Address:				
	North Palm Beach FI	L <u>3340</u> 8	8		
chang agent was/w	limited liability company is not organized under the la e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited li ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	e regist lability of the l	tereo ' cor limi	I 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
_/S/	Philipp Kirschbaum	P _	hilip	p Kirschbai	
	ature of a member or authorized representative of a member				Printed or typed name of signee
provis accept being	by accept the appointment as registered agent and agi ions of all statutes relative to the proper and complete tthe obligations of my position as registered agent as p filedto merely reflect a change in the registered office vennotified in writing of this change.	rce to e perfoi provide addres	act i rma ed fo ss. I	n this capa nce of my a or in Chapto hereby con	acity. I further agree to comply with the luties, and I am familiar with and er 605, F.S. Or, if this document is afirm that the limited liability company
	Villiam Huser				
Signati	ure of Registered Agent				