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	Fax Number	: (850)617-6383	
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	Account Number	: FCA000000023	<b>6.</b> •
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## LLC REGISTERED AGENT CHANGE DLH THE LIVELY VICTOR PARK, LLC

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T. 1 CX Help OCT 19 2023

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

Pursuant to the progisions 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

2. (a)		(b)					
(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	····	Mailing address of li		imited liability company: POST OFFICE BOX)		
	2102 Palm Tree Drive 2			102 Palm Tree Drive			
	Punta Gorda, FL 33950			Punta Gorda, FL 33950			
	4/11/2023		L23000180291				
3.	Date of filing/registration in Florida	- 4	Document	number			
5. (a)							
2. (a)	Registered Agent and Registered Office shown on the records of	the Florida D	ept. of State:			ı	
	HOFFMANN, DANA				'		
	Registered Office Address (MUST BE FLORIDA STREET	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					
	2102 PALM TREE DRIVE						
	PUNTA GORDA . FI	33950					
(1.)	C T Corporation System			٠.			
(p)	Enter name of NEW Registered Agent and/or NEW Registeres	l Office addr		•	5693 0-+		
					2		
			<del></del>				
	NEW Registered Office Address:					* * * * * * * * * * * * * * * * * * * *	
	1200 South Pine Island Road			-	4:1	ζı	
				·	AH 10: 06		
	Plantation Fi	33324		, , ,	06		
he cha agent v was/we he arti	imited liability company is not organized under the lainge or changes are made, the Florida street address owill be identical. Or, in the case of a Florida limited light authorized by an affirmative vote of the members icles of organization or the operating agreement of the	f the registe lability com of the limit	red office and the bu pany, it is hereby cond d liability company	isiness office ntirmed that	of the ruthe chan	egistered ge(s)	
	tt Wymer	Brett V					
~	ture of adhember or authorized representative of a member		•	ped name of sig	•		
proviși the obl to merc notified	by accept the appointment as registered agent and ag ons of all statilies relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address. I I in writing of this change. CT Corporation System.	ree to act in performan rd for in Ch hereby con	n this capacity. I furi ce of my duties, and apter 605, F.S. Or, i firm that the limited	ther agree to Lam familiai if this docum liability com	comply to with an ent is being pany has	with the id accepting filed ing filed i heen	
3y:	CT Corporation System James Martin re of Registered Agent						