To: 18506176383

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From: Registered Agents Inc.

Fax: 8134365206

Division of Corporations

Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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

Address:							
	Address:						

LLC REGISTERED AGENT CHANGE FL STR BLL 1, LLC

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

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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)				
, , ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	7901 4th St N STE 300	7901 4th 5	St N STE 300			
	St. Petersburg FL 33702	St. Peters	burg FL 33702			
	04/17/23	L23000188	635			
	Date of filing/registration in Florida	4.	Document number			
(a)	Elliott, Michael					
(,	Registered Agent and Registered Office shown on the records of					
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	- 2			
	1049 CELADON ST		024 SEC			
	OAKLAND, F		2024 JAN SECRE V			
(b)	Northwest Registered Agent LLC		AHASSE			
,	Enter name of NEW Registered Agent and/or NEW Registered	d Office address:				
	7901 4th St N		E.F.A.			
	NEW Registered Office Address:		_			
	STE 300		_			
	St. Petersburg , F	33702 I	_			
e cha gent w as/we le arti	imited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited I are authorized by an affirmative vote of the members oles of organization or the operating agreement of the	f the registered offic lability company, it of the limited liabili	ce and the business office of the registere is hereby confirmed that the change(s) ty company or as otherwise provided in inpany.			
-	ture of a member or authorized representative of a member		Printed or typed name of signee			
herel rovisi	by accept the appointment as registered agent and ag ons of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address. I	ree to act in this cap e performance of my	pacity. I further agree to comply with the duties, and I am familiar with and accepts F.S. On if this document is being file.			