

Florida Department of State Division effeorparation

→ 18506176383

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000159877 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

: (850)617-6383 Fax Number

From:

Account Name : COMPUTERSHARE Account Number : 110432003053 : (561)694-8107 Phone Fax Number : (561)214-8442

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

Cmail	Address:				



LLC REGISTERED AGENT CHANGE SUFFICIENTXPRESS LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

K. SALY

MAY - 3 2024

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:	.C			
(a)	1104 BARTOW RD 1-93	(1	1104 BA	RTOW RD I-93	
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	LAKELAND, FL 33801	•	LAKELA	ND, FL 33801	
(a)	05/02/2024		L23000197380		
	Date of filing/registration in Florida LEGALINC CORPORATE SERVICES INC.	4.		Document number	
	Registered Agent and Registered Office shown on the records of the 476 RIVERSIDE AVE.	te:			
	Registered Office Address (MUST BE FLORIDA STREET AD	2024 HAY -2 PH 4: 59 SECRETARISSEE, FLORID.			
	JACKSONVILLE , FL 3	2202		THE STATE OF THE S	
	Corporate Creations Network Inc.			2 PM SSEE.	
	Enter name of NEW Registered Agent and/or NEW Registered O	ffice ac	ldress:	ETO.	
	801 US Highway i			RID.	
	NEW Registered Office Address:			_ `	
	North Palm Beach , FL 3	3408		_	
nge nt w s/we	mited liability company is not organized under the laws or changes are made, the Florida street address of the revill be identical. Or, in the case of a Florida limited liabilities authorized by an affirmative vote of the members of cles of organization or the operating agreement of the liability of the cless of organization or the operating agreement of the liability of the cless of organization or the operating agreement of the liability of the cless of organization or the operating agreement of the liability of the cless of organization or the operating agreement of the liability of the cless of organization or the operating agreement of the liability of the cless of organization or the operating agreement of the liability of the cless of the cle	gister ility co the lin	ed office ar impany, it i nited liabilit	nd the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in	
_	atrella Tavarez ure of a member or authorized representative of a member	Estr	ella Tavarez	, Attorney-in-Fact	
				Printed or typed name of signee	
ovisi obli nere	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pe igations of my position as registered agent as provided f ly reflect a change in the registered office address, I he I in writing of this change.	to act erform for in (reby co	in this cap ance of my Chapter 60, onfirm that	acity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or. if this document is being filed the limited liability company has been	

Signature of Registered Agony