Division of Corporations



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.

(((H24000229547 3)))



H240002295473ABC2

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

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

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

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

Email Address:_

LLC REGISTERED AGENT CHANGE SM 1226, LLC

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

Electronic Filing Menu

Corporate Filing Menu

Help

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.

a)		(b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	Mailing address of limited fiability company: (Note: MAY BE POST OFFICE BOX)
	05/04/23		23000222077
	Date of filing/registration in Florida	- _{4.} -	Document number
(a)	FITZSIMMONS, FRANK H		
(b)	Registered Agent and Registered Office shown on the records of the Florida Dept. of Stat 117 CALLE DE SANTIAGO CT Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		<u> </u>
	PENSACOLA . FI	32502	
	Registered Agents Inc		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> 7901 4th St N	l Office addre	
	NEW Registered Office Address:		
	STE 300		%
	St. Petersburg, FI	33702	
cha nt w /we	mited liability company is not organized under the large or changes are made, the Florida street address of all be identical. Or, in the case of a Florida limited line authorized by an affirmative vote of the members cales of organization or the operating agreement of the	f the registe ability com of the limite	ered office and the business office of the register npany, it is hereby confirmed that the change(s) ted liability company or as otherwise provided in
£	ure of a member or authorized representative of a member	Robin J	-
- erek visio obli iere	are of a member or authorized representative of a member by accept the appointment as registered agent and agr ons of all statutes relative to the proper and complete gations of my position as registered agent as provide by reflect a change in the registered office address, I I'in writing of this change.	ree to act in performaned for in Cha hereby conj	Printed or typed name of signee in this capacity. I further agree to comply with the nee of my duties, and I am familiar with and accepter 605, F.S. Or, if this document is being file infirm that the limited liability company has been
	David Roberts - Assistant S		