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.

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	Division of Corporations	S 2
	Fax Number : (850)617-6383	E P
From:		-0 -
	Account Name : C T CORPORATION SYSTEM	知之 🗷
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	Phone : (614)280-3338	
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LLC REGISTERED AGENT CHANGE 8 BUNKER HILL, LLC

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K. SALY

JUN - 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.

L i	Name of the limited liability company: 8 Bunker Hill, LL	.C	<u> </u>			
2 ta)		(b)			
2. (Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 105 Bunker Hill Rd			Mailing address of limited liabili (Note: MAY BE POST OFF) B South U.S. Highway One, 5	ly computy: I <u>CE BOX)</u>	
	Jupiter Island, FL 33455			questa, FL 33469		
	05/05/2023		1.230002238	8.5		
3.	Date of filing/registration in Florida	4,		Document number		
5. (a	Davis, Syndey					
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			TAI	2024 HAY 31	7
	11269 SE Blair Lane	5	(ξ) ω	-		
	Hobe Sound , FL,					ָר ד
(h	Enter name of NEW Registered Agent and/or NEW Registered CT Corporation System				PH 1: 46	
	NEW Registered Office Address:					
	1200 South Pine Island Road					
	Plantation, FL	33324				
chang agent was/v	limited liability company is not organized under the law se or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia were authorized by an affirmative vote of the members o ticles of organization or the operating agreement of the l	registe bility o f the lii	red office and ompany, it is nited liability	the business office of the hereby confirmed that the company or as otherwise	registered change(s)	
	And Xlam	Su	san E. Shapiro			
Sign	altical a member or additionized representative of a member			Printed or typed name of signee	!	
provi. The of to me	cly accept the appointment as registered agent and agre sions of all statutes relative to the proper and complete t digations of my position as registered agent as provided rely reflect a change in the registered office address. I h ed in writing of this change.	serforn	iance of my d	uties, and Lam Tamiliar w	th and accent	
_	are of Registered Agent					