



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.

(((H24000183970 3)))



H240001839703ABC1

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 : COMPUTERSHARE Account Number : 110432003053 Phone : (561)694-8107 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: **)

Email Address:

REPENDING OF THE STATE OF THE S

LLC REGISTERED AGENT CHANGE METTSCAPES LLC

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

Electronic Filing Menu

Corporate Filing Menu

Help

T. LEMIEUX MAY 2 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.

)	5117 SW 165th St Rd Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(b)	5117 SW 	Mailing addres			•	•
	Ocala, FL 34473		(Ocala, Fl	. 34473				
	05/15/2023		L	23000239	9086				
(a)	Date of filing/registration in Florida LEGALINC CORPORATE SERVICES INC.	4.		_	Document	number			
. ч	Registered Agent and Registered Office shown on the records of	f the Flo	orida D	ent. of St	 nte:				
	476 Riverside Ave.								
	476 Riverside Ave. Registered Office Address (MUST BE FLORIDA STREE)	T ADDR	ESS)		_				
	Registered Office Address (MUST BE FLORIDA STREET	TADDR.			_	415			,
h)	Registered Office Address (MUST BE FLORIDA STREET				-	GD	J T		,
b)	Registered Office Address (MUST BE FLORIDA STREET Jacksonville , F	L_3220	2		_		1		-11
b)	Registered Office Address (MUST BE FLORIDA STREET Jacksonville, F Corporate Creations Network Inc.	L_3220	2		_		7.1.5.1.H 1.7.	[alt:17.23	
b)	Registered Office Address (MUST BE FLORIDA STREE) Jacksonville , F Corporate Creations Network Inc. Enter name of NEW Registered Agent and/or NEW Registered	L_3220	2		_	ع بدستا التوبيدة, أ		23 AM 9: 34	

the articles of organization or the operating agreement of the limited liability company.

Kristen Espinal	

Kristen Espinales, Attorney-in-Fact

Signature of a member or authorized representative of a member

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Kristen Espinales

Kristen Espinales, Special Secretary

Signature of Registered Agent