L23000255181

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COVER LETTER

TO: Registration Section Division of Corporations	
Subject:	
	imited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Cha	ange and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	er to the following:
David Mitchell Snyder	
Name of Person	
David Mitchell Snyder . CPA, LLC	
Firm/Company	
1874 Guf to Bay Blvd.	
Address	
Clearwate, FL 33765	
City/State and Zip Code	
office@dmsnydercpa.com	
E-mail address: (to be used for future annual rep	port notification)
For further information concerning this matter, please	call:
David Snyder at (813 727-8106
Name of Person	Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following amou	nt:
\$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy
INHS18 (2/14)	

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)		<u> </u>	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	23 South Links Ave Su: 300		727 Shade	ow Bay Way	
	Sarasota FL 34236		Osprey, FL 34229		
	05/24/23		L23000255	181	
	Date of filing/registration in Florida	- 4.		Document number	
(a)	Featherstone, Ryan A				
(b) _	Registered Agent and Registered Office shown on the records of	the Florid	ia Dept. of Sta	_ de:	
	Registered Office Address 23 South Links Ave. Su: 300	1DDRES	<u></u>	_	
	25 South Links Ave. Su: 500		_	_	
	Sarasota , FL	34236		2024	
	David Mitchell Snyder, CPA			2024 JUN 26 PM 1: 09 TALLAHASSEE, FLORIDA	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :			SSEE P	
	David Mitchell Snyder, CPA			PH 1: 09 EE, FLORID	
	NEW Registered Office Address:				
	1874 Gulf to Bay Blvd			>	
	Clearwater , FL	33765		_	
ange ent w s/we	mited liability company is not organized under the law or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited lia re authorized by an affirmative vote of the members of eles of organization or the operating agreement of the	register bility co f the lir	ed office an ompany, it is nited liabilit liability con	d the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in apany.	
ignai	are of a member or authorized representative of a member			KrcbSbach Printed or typed name of signee	
ereb visio obli	y accept the appointment as registered agent and agra ons of all statutes relative to the proper and complete p gations of my position as registered agent as provided by reflect a change in the registered office address, I h	e to ac perform for in (t in this cape ance of my c Chapter 605	wity. I further agree to comply with the duties, and I am familiar with and acco , F.S. Or. if this document is being file	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 FILING FEE: \$25.00