13000290718

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
(Only States Elph Holle #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
1 1 100-1/0						
Limils						

Office Use Only



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COVER LETTER

	istration Section sion of Corporations		
SUBJECT:	Livlong Properties GC LLC		
	Name o	of Limited	Liability Company
Dear Sir or M	Madam:		
The enclosed	l Registered Agent/Registered Office	Change a	nd fee(s) are submitted for filing.
Please return	all correspondence concerning this n	natter to tl	ne following:
Kylie Conrad	l & Kayla King		
	Name of Person		
Corp1, Inc.			
	Firm/Company		
7700 E Arapa	shoe Rd Ste 220		
	Address	· · · · · · · · · · · · · · · · · · ·	
Centennial, C	CO 80112		
	City/State and Zip Code		
E-mail	address: (to be used for future annual	report no	tification)
For further i	nformation concerning this matter, plo	ease call:	
Kylie Conrad	ı	720 at (823-9273
	Name of Person		Area Code & Daytime Telephone Number
Reg Div P.O	iling Address: istration Section ision of Corporations . Box 6327 ahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enc	losed is a check for the following an	nount:	
■ \$	25 Filing Fee		\$55 Filing Fee & Certified Copy
INHS18 (2/1-	4)		

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.

1. Na	me of the limited liability company: Livlong Properti 5866 NW 25TH COURT	es (IC I.		25TH COURT
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(b)	Aailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	BOCA RATON, FL 33496	_	BOCA RATON, FL 33496	
	06/15/2023		1.230002907	18
3. 5. (a)	Date of filing/registration in Florida LONG, GERALD	4.		Document number
(u)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State 5866 NW 25TH COURT			POZ4 APR -4 SEGRETÔRS TALLZHÂSS
	Registered Office Address (MUST BE FLORIDA STREET			
	BOCA RATON, F	L_33496		N-4 AM 9: 03
(b)	Registered Agents Inc	750A		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> 7901 4th St N			
	NEW Registered Office Address:			•
	Ste 300			
	St. Petersburg, F	L_33702		-
change agent v was/wo	imited liability company is not organized under the la or changes are made, the Florida street address of th vill be identical. Or, in the case of a Florida limited l ere authorized by an affirmative vote of the members cles of organization or the operating agreement of the	e registe iability of of the li	ered office and company, it is mited liability	I the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
	RALD LONG	G	ERALD LONG	
I herel provisi the obl to mere	ture of a member or authorized representative of a member by accept the appointment as registered agent and ag ons of all statutes relative to the proper and complete igations of my position as registered agent as providely reflect a change in the registered office address, I I'm writing of this change.	ree to a perfori d for in hereby	ct in this capo nance of my o Chapter 605 confirm that t	Printed or typed name of signee wity. I further agree to comply with the luties, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been
•	VID ROBERTS			
Signatu	re of Registered Agent			