

(((H23000226966 3)))



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 : (855)330-1010

the email address for this business entity to be used for future and report mailings. Enter only one email address please, ** Email Address:_____

LLC REGISTERED AGENT CHANGE MAHOGANY LOVE LLC

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

Electronic Filing Menu Corporate Filing Menu

T. 控制EUX ILIN 2 8 2023

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: MAHOGAN	/ LOVE	LLC				
2	(a)		(h)				
	()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	('	, N	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
		00/04/0000						
2		06/21/2023		L230003				
3.		Date of filing/registration in Florida	4.		Document number			
5.	(a)	ROBERTS, DAVID						
	, ,	Registered Agent and Registered Office shown on the records of	the Florid	a Dept. of State	:			
		7901 4TH STREET						
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				, a.		[2]	
		200					2023	
		300				:	<i>' =</i>	
		ST PETERSBURG , FL	. 33702)			1.2	<i>z</i> .
						٠.	ب-	, ,
	(b)	Registered Agents Inc	·	····			_D	C.
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office ac	<u>ldress</u> :			$\ddot{\omega}$	
						. 	57	
		7901 4th St N						
		NEW Registered Office Address:						
		STE 300						
		St. Petersburg , FL	3370	2				
the age was	cha ent w s/we	mited liability company is not organized under the lavinge or changes are made, the Florida street address of till be identical. Or, in the case of a Florida limited liare authorized by an affirmative vote of the members of the organization or the operating agreement of the	the regi ability c of the lin	stered office ompany, it is nited liability	and the business o hereby confirmed company or as oth	ffice o that th	f the re e chan	egistered ge(s)
1	اسرب	hin buy	Ro	bin Jones				
S	ignat	ure 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.

wid X Doerts - Assistant Secretary

Signature of Registered Agent