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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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## LLC REGISTERED AGENT CHANGE ANAVRIN PROPERTIES LLC

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T. LEMIEUX

## 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. N	ame of the limited liability company:ANAVRIN	PROPERTIES	S LLC					
2. (a)			(b)					
·	Principal office address of limited liability compa (Note: MUST BE STREET ADDRESS)	any:		Mailing addre	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	07/10/23		L230003	123856				
3.	Date of filing/registration in Florida	4.		Document	number	ſ		
5. (a	RODRIGUEZ, JAIME							
, ,	Registered Agent and Registered Office shown on the rec	cords of the Flor	ida Dept. of	State:				
	2514 SW BAYSHORE BLVD							
	Registered Office Address (MUST BE FLORIDA ST	REET ADDRE	<u>:SS)</u>					
(b)	PORT ST. LUCIE	, FL_34984			 	~3		
	Northwest Registered Agent LLC				• -	2653		
	Enter name of NEW Registered Agent and/or NEW Reg					= =		
	Enter name of NEW Registered Agent and/or NEW Re	gisterea Office	adoress:			9	, -	
	7901 4th St N				-	PH	(·-	
	NEW Registered Office Address:				٠,٠	بي		
	STE 300					35		
	St. Petersburg	, FL33702						
the ch agent was/w the art	limited liability company is not organized under ange or changes are made, the Florida street add will be identical. Or, in the case of a Florida limere authorized by an affirmative vote of the menicles of organization or the operating agreement	ress of the re nited liability nbers of the i of the limite	gistered of company, imited liab d liability	ffice and the bu it is hereby co pility company	isiness o nfirmed	ffice of that the	f the registered e change(s)	
	vat smith		at Smith	D.:		c ·		
_	nure of a member or authorized representative of a member			Printed or ty				
provis the ob to mer	by accept the appointment as registered agent a ions of all statutes relative to the proper and con ligations of my position as registered agent as p ely reflect a change in the registered office addr d in writing of this change.	nd agree to a inplete perfor rovided for it ress, I hereby	ict in this of in Chapter of it confirm the	capacity. I fur, my duties, and 605, F.S. Or, i hat the limited	ther agra l am far if this do liability	ee to co niliar w cumen compa	omply with the vith and accept is being filed iny has been	
-/14		stant Secretary	<i>(</i>					