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Florida Department of State

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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

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:				

LLC REGISTERED AGENT CHANGE **COPAL PROPERTIES LLC**

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Help

From. Registered Agents Inc.

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY 🕡 🏅

To: 18506176383

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.	Nä	me of the limited liability company: COPAL PROP	PERTIE	S LLC	
2.	(a)				_
		Principal office address of limited tiability company: (Note: MUST BE STREET ADDRESS)			tailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		07/10/2023		L230003	·
3.		Date of filing/registration in Florida	4.		Document number
5.	(6)	CAMACHO, PEDRO Registered Agent and Registered Office shown on the records of to 2514 SW BAYSHORE BLVD Registered Office Address (MUST BE FLORIDA STREET A	he Florida	Dept. of State:	
	(b)	PORT ST LUCIE FL. Northwest Registered Agent LLC	34984		APPROVEU AND FILED 1023 JUL 21 PM SECRETARY OF STALLMINSSEELF
	` '	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> 7901 4th St N NEW Registered Office Address:	Office add	lress:	PH 5: 44 OF \$1 A17
		STE 300			
		St. Petersburg FL	33702		
the ag wa	e cha ent v is/wi	imited liability company is not organized under the lawinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liabre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the regis bility co f the limi	tered office mpany, it is ited liability	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
	Signa	ture of a member or authorized representative of a member		<u></u>	Nat Smith Printed or typed name of signee
I i pri the to no	herei ovisi obl mere tifice	by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I have been a change. Taylor Newman - Assistant Socretant		in this capa ince of my d hapter 605, infirm that th	city. I further agree to comply with the uties, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been
1	unate	Taylor Newman - Assistant Secretary	•		