Division of Corporations

## 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

: (307)200-2803

Fax Number : (813)436-5206



he email address for this business entity to be used for future ລິກຸກຼົມal report mailings. Enter only one email address please.\*\*

-Email Address:\_

## LLC REGISTERED AGENT CHANGE DLT MOULTRIE POINTE LLC

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K. SALY

JUN 26 2024

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## \*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 hability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1.	Na	ane of the limited liability company:	e LLC	
2. (i	a)	(Note: MUST BE STREET ADDRESS)	(b)	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
76 c		07/20/23		000338293
3.		Date of filing/registration in Florida	4.	Document number
5. (	f a.	EASLER LAW PLLC		
<i></i> (w)	1-7	Registered Agent and Registered Office shown on the records of th		
		508 N HARBOR CITY BLVD		
		Registered Office Address (MUST BE FLORIDA STREET A)	DDRESS <u>)</u>	
th		:MELBOURNE .FL	32935	
(1 ;; tr tr ·	b)	Northwest Registered Agent LLC  Enter name of NEW Registered Agent and/or NEW Registered C  7901 4th St N	Office address	TILEU MEA JUN 25 AM 4: 17 LALLAHASSETTEL DEID:
		NEW Registered Office Address:		
,		STE 300		
••		St. Petersburg	33702	<del></del>
the dagen was/	cha it w we	mited liability company is not organized under the laws nge or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited liab are authorized by an affirmative vote of the members of thes offorganization or the operating agreement of the li	he registere pility compa the limited	d office and the business office of the registered my, it is hereby confirmed that the change(s) liability company or as otherwise provided in
<u> 73</u>	;	र्गे प्रभावसंक्र	Nat Smith	
I he proving the connection motification	reli visio obli cre fied	ure of a member or authorized representative of a member ov accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided for reflect a change in the registered office address. I had in writing of this change.  Taylor Newman - Assistant Secret of Registered Agent		Printed or typed name of signee his capacity. I further agree to comply with the of my duties, and I am familiar with and accept ster 605, F.S. Or, if this document is being filed m that the limited liability company has been