## L23000413849

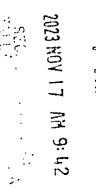
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
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Office Use Only



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11/17/23--01011--004 \*\*25.00



## COVER LETTER

	Registration Section Division of Corporations				
SUBJEC	MUDSLIDE MANOR, LLC				
		Name of Limited Liability Company			
Dear Sir	or Madam:				
The encl	osed Registered Agent/Registered	d Office Change a	nd fee(s) are submitted for filing.		
	turn all correspondence concernic				
MARIAN	NE FIORUCCI				
	Name of Person	<del></del>			
MUDSLI	DE MANOR, LLC				
	Firm/Company		<del></del>		
1805 RIV	ERSIDE DR.UNIT 607N				
	Address		<del></del>		
TITUSVII	LE, FL 32780				
_	City/State and Zip Co	de	<u> </u>		
fiorucci20	18@gmail.com				
E-m	ail address: (to be used for future	annual report not	fication)		
	r information concerning this ma		· · · · · · · · ·		
MARIANI	NE FIORUCCI	980 at (	280-6284		
	Name of Person		Area Code & Daytime Telephone Number		
M	lailing Address:		Street Address.		
R	egistration Section		Street Address: Registration Section		
D	ivision of Corporations		Division of Corporations		
	O. Box 6327		The Centre of Tallahassee		
Т	ıllahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
Er	iclosed is a check for the follow	ing amount:			
	\$25 Filing Fee		55 Filing Fee & Certified Copy		
VHS18 (2/	14)				

## 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: MUDSLIDE MAY	NOR, LLC	
2. (a)	1805 RIVERSIDE DR. UNIT 607N	(b) 1805 RIVI	ERSIDE DR. UNIT 607N
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	· · · · · · · · · · · · · · · · · · ·	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	TITUSVILLE, FL 32780	TITUSVIL	LE, FL 32780
	09/05/2023	L230004138	49
3. 5. (a)	Date of filing/registration in Florida  MARIANNE FIORUCCI	4.	Document number
` `	Registered Agent and Registered Office shown on the records of the	he Florida Dept, of State	: :
	Registered Office Address (MUST BE FLORIDA STREET A 1805 RIVERSIDE DR. UNIT 607N	. 2	
	TITUSVILLE , FL	32780	2023 NOV 17
(b)	KAREN MEADER JENNINGS		
	Enter name of NEW Registered Agent and/or NEW Registered (		
	51 E. BROAD ST.		T III 9: 42
	NEW Registered Office Address:		~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
	TITUSVILLE , FL <sup>3</sup>	32796	
agent w	mited liability company is not organized under the laws or changes are made, the Florida street address of the reall be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the limited liab.	egistered office and pility company, it is leading	the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in hany.
Signan	are of a member or authorized representative of a member	<del></del>	Printed or typed name of signee
I hereh provisio the obli to mere notified	y accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pe gations of my position as registered agent as provided f ly reflect a change in the registered office address, I her in writing of this change.		
Signatur	of Registered Agent		

Division of Corporations

• P.O. Box 6327

• Tallahassee, FL 32314

FHAING FEE: \$25.00