

L23000415514

Florida Department of State
 Division of Corporations
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To: Division of Corporations
 Fax Number : (850)617-6383

From: Account Name : CAPITOL CORPORATE SERVICES, INC.
 Account Number : I20160000048
 Phone : (800)345-4647
 Fax Number : (800)432-3622

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DEPT. OF STATE
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA

**LLC REGISTERED AGENT CHANGE
 1445 SOUTH NOVA ROAD LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

M. SOLOMON
 APR 15 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 liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the Limited Liability Company: 1445 SOUTH NOVA ROAD LLC

2. (a) 4064 COLONY RD STE.315 Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (b) 4064 COLONY RD,STE 315 Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)

CHARLOTTE, NC 28211 CHARLOTTE, NC.28211

3. 9/7/2023 Date of filing/registration in Florida 4. L23000415514 Document number

5. (a) C T CORPORATION SYSTEM Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 1200 S PINE ISLAND RD Registered Office Address (MUST BE FLORIDA STREET ADDRESS) PLANTATION FL 33324

(b) Capitol Corporate Services, Inc. Enter name of NEW Registered Agent and/or NEW Registered Office address: 515 East Park Avenue 2nd Fl NEW Registered Office Address: Tallahassee FL 32301

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member Ryan Hanks Printed or typed name of signer

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.

Signature of Registered Agent Brian Radecki, Assistant Secretary on behalf of Capitol Corporate Services, Inc.

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 FILING FEE: \$25.00

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