Division of Corporations

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H250000031493)))



H250000031493ABCY

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 : (888)705-7274 Fax Number : (888)706-7274

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 DRAIN TO DRAIN, LLC

Certificate of Status Certified Copy 0 Page Count 03 \$25.00 Estimated Charge

Electronic Filing Menu Corporate Filing Menu

Help

JAN 0 4 2925

K. Brumbley

Docusign Envelope ID: 726933CE-DC6E-48BD-99C6-E4E9522BD051

H25000003149 3

COVER LETTER

	istration Section sion of Corporations		
SUBJECT:	Drain to Drain, LLC		
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Name of Limited	Liability Company
Dear Sir or I	Madam:		
The enclosed	d Registered Agent/Registered	Office Change at	nd fee(s) are submitted for filing.
Please return	all correspondence concerning	g this matter to th	ne following:
Logan V. O'C	Connor		
	Name of Person		
Drain to Drai	n, LLC		
	Firm/Company		
2895 Jupiter	Park Dr., Suite 900		
	Address		
Jupiter, FL 3.	3458		
	City/State and Zip Coo	ie	
loconnor@va	instoncapital.com		
E-mail	address: (to be used for future	annual report no	titication)
For further i	nformation concerning this ma	tter, please call:	
Logan V. O'C	Connor	908 at (500-2663
	Name of Person	at (Area Code & Daytime Telephone Number
Reg Div P.O	iling Address: istration Section ision of Corporations . Box 6327 ahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enc	losed is a check for the follow	ring amount:	
2 🗆	25 Filing Fee	٥	\$55 Filing Fee & Certified Copy
INHS18 (2/1-	1)		

Docusign Envelope ID: 726933CE-DC6E-48BD-99C6-E4E95228D051

15129570210

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.

Name of the limited liability company: Drain to Drain	, LI.C				
(a) 2395 Jupiter Park Dr., Suite 900	(b) ²⁸	(b) 2895 Jupiter Park Dr., Suite 900			
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
Jupiter, FL 33458		piter, FL 33458			
9/13/2023	L23	000426575			
Date of filing/segistration in Florida	4.	Document number			
(a)					
Registered Agent and Registered Office shown on the records Bassoff, Richard		nt. of State:			
Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS)				
485 Peacock Lane S		·			
Jupiter	33458				
Registered Agent Solutions, Inc. <u>SEW Registered Office Address:</u> 2894 Remington Green Ln. Ste A					
Tallahassee	. FL_32308	AM 10: 4.8			
the limited liability company is not organized under the large or changes are made, the Florida street address of the the will be identical. Or, in the case of a Florida limited s/were authorized by an affirmative vote of the members articles of organization or the operating agreement of the	he registered of liability compa s of the limited	e of Florida, it is hereby confirmed that after the fice and the business office of the registered any, it is hereby confirmed that the change(s) liability company or as otherwise provided in			
Lagen V. O'Con sear	Logan V.	. O'Connor			
ignature of a member or authorized representative of a member		Printed or typed name of signee			
nereby accept the appointment as registered agent and a ovisions of all statutes relative to the proper and comple obligations of my position as registered agent as provide merely reflect a change in the registered aftice address	te performance	of my duties, and I am familiar with and accept			
nuited to my position as registered agent as provide the registered office address, if if a mining of this change.	,				
ified in writing of the change. Duty the Tax he nature of Registered Agent Debbie (ayne)					

FILING FEE: \$25.00