Division of Corporations



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To:

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.\*\*

F:3	Address:			
-maii	AUULGEE.			



## LLC REGISTERED AGENT CHANGE GREAT LAKES LLC

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K. SALY

JUL 16 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. No	ame of the limited liability company.							
2. (a)		ı l	b)					
,	Principal office address of finited liability company:  (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
,	09/14/23	-	L23000428					
3.	Date of filing/registration in Florida	4.		Document number				
5. (a)								
	egistered Agent and Registered Office shown on the records of the Florida Dept, of State:							
	Registered Office Address (MUST BE FLORIDA STREET A	<u></u> –						
	476 RIVERSIDE AVE.		The Table To					
	JACKSONVILLE .FL	32202		TILL IS AH				
(b)	Registered Agents Inc  Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u> 7901 4th St N	Office ad	ldress:	FILE M 2: 03 PALLAMASSEN I bishow				
	NEW Registered Office Address			_				
	STE 300			_				
	St. Petersburg . F1.	33702		_				
the cha agent v was/wa the art	imited liability company is not organized under the law inge or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited lial ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the l	the regi bility co i the lin imited	stered offic ompany, it nited liabili	te and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in				
There provise the ob- to mer	by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address. I had	perform   for in     erchy c	ance of my Chapter 60	duties, and Lam familiar with and accept 5, F.S. Or, if this document is being filed				
	David Roberts - Assistant Sec re of Registered Agent	cretary						