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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. \*\*

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## LLC REGISTERED AGENT CHANGE **TOWN ENTERPRISE 2239 LLC**

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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. N	ame of the limited liability company:	RISE 2239	LLC				
2. (a)		(t	o)				
	Principal office address of limited fiability company:  (Note: MUST BE STREET ADDRESS)		M	ailing address of limited liability company: (Note: MAY BE POST OFFICE BON)			
	09/12/23		 L2300043431	1			
3.	Date of filing/registration in Florida	4.	[	Document number			
5. (a)	GLOVER, TOM						
./. (a)	Registered Agent and Registered Office shown on the records of						
	7901 4TH STREET NORTH	7901 4TH STREET NORTH					
	Registered Office Address <u>(MUST BE FLORIDA STREET</u>	<u>i</u>					
	SUITE 300						
	SAINT PETERSBURG F	L_33702					
(ls)	Northwest Registered Agent LLC		<u></u> ر.				
(b) .	Enter name of NEW Registered Agent and/or NEW Registere						
	7901 4th St N						
	NEW Registered Office Address:						
	STE 300						
	St. Petersburg	33702 L					
the cha agent ' was/w	limited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited I ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	of the reginability control of the limited in	stered office ompany, it is nited liability	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in			
Signa	iture of a member or authorized representative of a member			Printed or typed name of signee			
I here provis the ob- to mer notific	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as providely reflect a change in the registered office address, I din writing of this change.	e perform ed för in ( ' hereby c	t in this capa ance of my d Chapter 605, onfirm that th	city. I further agree to comply with the uties, and I am familiar with and accept F.S. Or, if this document is being filed the limited liability company has been			
	Taylor Newman - Assistant Sure of Registered Agent	ecretary					