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.

(((H240004182793)))



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 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.

Email Address:_

LLC REGISTERED AGENT CHANGE SULLIVAN FACILITY SERVICES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

Electronic Filing Menu — Corporate Filing Menu

Help

K. SALY

DEC 2 0 2024

12/20/2024 07:02:96.PST. To: 18506176383 Page: 2/2 Fax: \$134365206

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.

. (a)		(b)		
	Principal office address of limited liability company; (Note: MUST BE STREET ADDRESS)		Marling add	dress of limited liability company: MAY BE POST OFFICE BOX)
	10/02/2023		23000455083	
i.	Date of filing/registration in Florida	4,	Docume	ent number
. (a)	INC AUTHORITY RA Registered Agent and Registered Office shown on the records of 390 NORTH ORANGE AVE., STE 2300-N Registered Office Address (MUST BE FLORIDA STREET)	I the Fiorida i		2024 T
(b)	ORLANDO			2024 DEC 20 PM 4: 09 FALLAHASSER FIGURE
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office addr	ess'	(1) 09 4: 09
	7901 4th St N NEW Registered Office Address:			
	STE 300			
	St. Petersburg . FI	33702		
ie cha gent w as/we	mited liability company is not organized under the la nge or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited li are authorized by an affirmative vote of the members acles of organization or the operating agreement of the	f the registo lability con of the limit	ered office and the pany, it is hereby of ed liability compar	business office of the registere confirmed that the change(s)
· ·	ure of a member or authorized representative of a member	Robin	Jones	
				typed name of signee
herel rovisi wobli mere	ov accept the appointment as registered agent and ag ons of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address, I Fin writing of this change.	ree to act i. · performar ·d for in Ch hereby con	e this capacity. I fi we of my duties, an apter 605, F.S. O firm that the limite	urther agree to comply with the defend I am familiar with and accert, if this document is being filed iability company has been

· Assistant Secretary

David Roberts

Signatular of Registered Agen: