L23000495275

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						





500439772015

2024 NOV 19 PM 3: 3

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.	Na	ne of the limited liability company: 604 Ti	MP	- Cho	icter	J, LLC
		150 NU Whitney GIN				(Shitney 6/v
2. ((a) _	Principal office address of limited hability company:	(b)			of limited liability company:
		(Note: MUST BE STREET ADDRESS)			~	BE POST OFFICE BOX
		Lake CHY FL, 32024		Lake	City	FL, 32024
			-		-1	
			-			
		10/3/12023		L230	0049	95275
3.	•	Date of filing/registration in Florida	4.		ocument ni	
z	(-)·	In Authority RA				
٥.		Registered Agent and Registered Office shown on the records of the	Florida	Dept. of State:		
		390 North Wange Ave			5-N	
		Registered Office Address (MUST BE FLORIDA STREET AD				202
		orlando FL 32801				FILED 2024 NOV 19 PM 3: 33 IALLAHASSEE, FLORIDA
						AAS, A
		FL				19 P
	(16.).	Amy shinn.				FD PM 3: 33
,		Finter name of NEW Registered Agent and/or NEW Registered O	ffice add	ress:		GR. W
						DA S
		186 SW HOHARD CT				
		NEW Registered Office Address:				
		Lake City FL 32024				
		(
		, FL				
If tl	ne lii	mited fiability company is not organized under the laws	of the S	State of Flori	da, it is her	eby confirmed that after the
cha	nge	or changes are made, the Florida street address of the re ill be identical. Or, in the case of a Florida limited liabi	gistered	d office and t	the business	s office of the registered
was	/wei	re authorized by an affirmative vote of the members of t	the limi	ted liability of	company or	r as otherwise provided in
the	artic	eles of organization or the operating agreement of the lin	nited lia	ability comp	any.)
~	enati	are of a member of authorized representative of a member	_	Same	rived er tyne	drame of signee
(y accept the appointment as registered agent and agree	to act i		_ ,,	C
pro	visid	ons of all statutes relative to the proper and complete pe	rforma	nce of my du	ues, and La	am familiar with and accept
		gations of my position as registered agent as provided for The second section is the segistered office address. I here in writing of this change.	reby coi	firm that the	e limited lia	ibility company has been
· ·	hus	85				
Gig	natur	of Registered Agent				