1/29/2024 07:41 #5 PST To. 18506176383 Page. 1/2 From: Registered Agents Inc. Fax: 8134365206 1/29/24, 10:39 AM **Division of Corporations** Florida Department of State Division & Corpora 230 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. (((H24000038240 3))) H240000382403ABCX 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 on annual report mailings. Enter only one email address please.\*\* 🕾 Email Address: Ha L LLC REGISTERED AGENT CHANGE **PROSPERITY 441102 LLC** Certificate of Status 0 0 Certified Copy Page Count 02

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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 liability 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: ( <u>Note: MUST BE STREET ADDRESS</u> )		Mailing address of limited liability company: ( <u>Note: MAY BE POST OFFICE BOX</u> )
	11/20/23	 L230	00523246
	Date of filing/registration in Florida	4.	Document number
. (a)	RIZEK, MARIA		<b>U</b> 2 <b>20</b>
	Registered Agent and Registered Office shown on the records	of the Florida Dept	. of State: AC. JAN
	Registered Office Address <u>(MUST BE FLORIDA STREET ADDRESS)</u>		HA 29
	6112 STRATTON RD		S S S
	FORT MYERS	۲L 33905	
(b)	Northwest Registered Agent LLC		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	ed Office address:	
	7901 4th St N		
	NEW Registered Office Address		
	STE 300		
	St. Petersburg	33702	

Signature of a member or authorized representative of a member

Nat Smith

Printed or typed name of signee-

Thereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605. F.S. Or, if this document is being filed to merely reflect a change in the registered office address. Thereby confirm that the limited liability company has been notified in writing of this change.

Taylor Newman Assistant Secretary

Signature of Registered Agent

Division of Corporations• P.O. Box 6327• Tallahassee, FL 32314 FILING FEE: \$25.00