12/20/23, 4:29 PM

Division of Corporations

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LLC REGISTERED AGENT CHANGE LUSSO PROPERTY MANAGEMENT, LLC

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To:

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. 1	Name of the limited liability company: LUSSO PROPER	GY M:	AN/	AGEMENT,	LLC
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 20015 UMBRIA HILL DRIVE	_	(b)	Ν	failing address of limited liability company: (Note: MAY BE POST OFFICE BOX) BRIA HILL DRIVE
	TAMPA. FL 33647	_		TAMPA, FI	_ 33647
	12/04/2023		L	.2300053762	22
3. 5. (a	Date of filing/registration in Florida ARMANDO YGBUHAY	4.	_		Document number
J. (L	Registered Agent and Registered Office shown on the records of	the Flor	ida 1	Dept. of State:	
	Registered Office Address <u>(MUST BE FLORIDA STREET)</u> 20015 UMBRIA HILL DRIVE	4DDRE	SSI		
	TAMPA , FL	33647			· : J1
(b)	C T CORPORATION SYSTEM				
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office :	ndđ	ress:	
	NEW Registered Office Address:		_		
	1200 SOUTH PINE ISLAND				
	PLANTATION FL	33324	_		
the chagent was/w	limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liawere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the reg ability of the li	gist con imit	ered office apany, it is led liability ability comp	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
Sign	ature of a member or authorized representative of a member	_			Printed or typed name of signee
l here provis the ob to met	thy accept the appointment as registered agent and agrains of all statutes relative to the proper and complete ligations of my position as registered agent as providerely reflect a change in the registered office address, I in writing of they hange.	vee to a perform d for m hereby	ict i mai 1 CF 1 COF	n this capa nce of my d napter 605, yirm 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 be limited liability company has been
Denise	Bell Assistant Secretary				