To: 18506176383

From: Marshay Brown

5/16/2024 1:44:46 PM

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Florida Department of State

Division of Corporations

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Account Number : I20210000132 Phone : (904)358-8300 Fax Number : (904)358-8303

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## OH/NICO

## LLC REGISTERED AGENT CHANGE GAVIN TOTH REALTY LLC

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K. SALY

MAY 17 2024

H24000176804

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

From: Marshay Brown

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	ame of the limited liability company: GAVIN TOTH	REALTY I	LLC	
2. (a)		(t	))	
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	141 Parkside Ave		141 Parks	ide Ave
	Orange Park, FL 32065		Orange Pr	ark. FL 32065
	02/21/2024		L24000088	576
3.	Date of filing/registration in Florida	4.		Document number
5. (a)				
2. (a)	Registered Agent and Registered Office shown on the records of	of the Florida	Dept. of Sta	te:
	Sodi & Ingram PLLC			
	Registered Office Address (MUST BE FLORIDA STREE	TADDRESS	<u></u>	202 TAI
	1617 San Marco Blvd		_	五五
	Jacksonville	FL_32207	•	FILED 2024 HAY 16 PM 2: 25 SHUMAN SSEE FLORID
	, -	. 13	-	The Residence of the Re
(b)	Enter name of NEW Registered Agent and/or NEW Register			M 2:
	Enter name of NEW Registered Agent and/or NEW Register	ed Office ad	<u>dress</u> :	92. 2 92. 2
	Orr Cook c/o William Gibbs			<u>Ö</u> . <b>v</b>
	NEW Registered Office Address:			_
	818 AlA N, Suite 302			_
	Ponte Vedra Beach ,	FL		_
change agent v was/w the art:	Hay 16, 2024 13.39 EDT)	he registere liability co s of the lim he limited l	ed office an mpany, it i ited liabili	nd the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in impany.
_	thire of a member or authorized representative of a member			Printed or typed name of signee
provisi the obt to mer	by accept the appointment as registered agent and a ions of all statutes relative to the proper and complet ligations of my position as registered agent as provide ely reflect a change in the registered office address, a d in yr ling of this change.	gree to act le performa led for in ( I hereby co	in this cap ance of my Thapter 60: onfirm that	acity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been
Signatu	ne of Registered Agent			