## 24000 30104

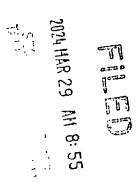
(Requestor's Name)	
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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: LORING REAL ESTATE Se Name of Limited Liability Com	pany LLC
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change and fee(s) are su	bmitted for filing.
Please return all correspondence concerning this matter to the following:	
Margaret A. Lor, NG- Name of Person	
LORING Real Estates Services LLC CbA. AC	cent Property Managemen
11970 Walle Dr. Address	
Jacksonville, FC 32246 City/State and Zip Code	
E-mail address: (to be used for-future annual report notification)	
For further information concerning this matter, please call:	
Margaret Loring at 904, 352 Name of Person Area Code	2 - 0539 & Daytime Telephone Number
Division of Corporations Division	ddress: ion Section of Corporations tre of Tallahassee

Enclosed is a check for the following amount:

\$25 Filing Fee

Tallahassee, FL 32314

☐ \$55 Filing Fee & Certified Copy

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## 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.

I. Na	me of the limited liability company: Loeing Real Estate Services Lee
2. (a)	me of the limited liability company: LORING Real Estate. Services LCC  11970 Walle Dr.  Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  (Note: MAY BE POST OFFICE BOX)
	Jacksonville FL 32216 Jacksonville FC 32
3.	3/15/2024 L24000130104  Date of filing/registration in Florida 4. Document number
5. (a)	Accent Properties  Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  11970 Walle Pro
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
(b)	Jacksonville FL 32246  Accord Property Management
(0)	Enter name of NEW Registered Agent and or NEW Registered Office address:  1070 Walle Dr  NEW Registered Office Address:
	Jacksonville FL 32246
change agent w was/we	mited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the or changes are made, the Florida street address of the registered office and the business office of the registered vill be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) are authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in cles of organization or the operating agreement of the limited liability company.
Signat	ure of a member or authorized representative of a member Printed or typed name of signee
I herel provisi the obli to mere	by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ons of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept igations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed ely reflect a change in the registered office address. I hereby confirm that the limited liability company has been I in writing of this change.
Signatu	re of Registered Agent