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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

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LLC REGISTERED AGENT CHANGE **HEATHER PRATS LLC**

Certificate of Status	0
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Estimated Charge	\$25.00

525 EB 2024

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

1. N	ame of the limited liability company: Heather	Prats	s LLC
2. (a)	7001 4th Ct N		_(b) 7901 4th St N
.,	Principal office address of limited Hability company: (Note: MUST BE STREET ADDRESS)	`	Mailing address of limited Hability company: (Note: MAY BE POST OFFICE BOX)
	STE 300		STE 300
	St. Petersburg, FL 33702	<u> </u>	St. Petersburg, FL 33702
	03/20/24		L24000138624
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	KEINDL, HEATHER PRATS		
` '	Registered Agent and Registered Office shown on the records of	the Floric	da Dept. of State:
	473 GOLDEN BEACH DRIVE		
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRES	<u>(S)</u>
	GOLDEN BEACH , FL	3316	
(ს)	Registered Agents Inc		202
(-)	Enter name of NEW Registered Agent and/or NEW Registered	ddress: SF	
	7901 4th St N		2024 SEP 20 PM 3: 43
	NEW Registered Office Address:		
	STE 300		
	St. Petersburg , FL	3370	12
the cha agent v 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 li ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the reg ability c of the lir	gistered office and the business office of the registered company, it is hereby confirmed that the change(s) mited liability company or as otherwise provided in

Robin Jones

Signature of a member or autiforized representative of a member

Printed or typed name of signee

I hereby 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, I hereby confirm that the limited liability company has been notified in writing of this change.

David Roberts - Assistant Secretary

Signature of Registered Agent