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.

(((H24000259975 3)))



H2400025997534BCA

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 annual report mailings. Enter only one email address please.

Fmail	Address:	
		

LLC REGISTERED AGENT CHANGE 2328 HARBOUR DRIVE LLC

PECTIVED

104 AUG -1 PH U: 30

11/4 Style - 1 PH U: 30

11/4 Style - 1 PH U: 30

0
0
02
\$25.00

K. SALY

AUG - 2 2024

Electronic Filing Menu

Corporate Filing Menu

Help

FILED WINGS

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 hability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

L. Na	ame of the limited lia	bility company: $\frac{2}{2}$	328 Harbour Drive	E LLC	
2. (a)				(b)	
	Principal office	address of limited habi UST BE STREET AD	lity company;		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
,	03/18/24				
3.	Date of tili:	ng/registration in F	lorida	4.	Document number
5. (a)	HENDRICKSON, KAI				
	Registered Agent and Re		on the records of th	ie Florida Dept. of?	State
	9701 OVERSEAS HV	VY STE 12			
	Registered Office Addre	ess (MUNI BE FLO			
					乳やア
	MARATHON		1:1 3	3050	TALLAHASSERTLESIS
			. <u></u> .		一一一
(h)	Registered Agents Inc				
	Enter name of NEW Re	gistered Agent and/or	NEW Registered (Office address;	
	7901 4th St N				
	NEW Registered Office	Address		-	_
	STE 300				
	St. Petersburg				
		 	FL. ³	3702 	
the cha agent w was/we the artic	nge or changes are m vill be identical. Or, are authorized by an a cles of organization o	iade, the Florida str in the case of a Flo affirmative vote of a or the operating agr	eet address of the rida limited liab the members of eement of the li	he registered off lifity company, i the limited liahi	Florida, it is hereby confirmed that after fice and the business office of the registered it is hereby confirmed that the change(s) flity company or as otherwise provided in company.
Too Park				Robin Jones	
					Printed or typed name of signee
provisii he obli o mere	y accept the appoint ons of all statutes religations of my positions by reflect a change in this writing of this cha	ative to the proper in as registered ago i the registered offi	agent and agree and complete po nt as provided we address, I he	to act in this corformance of n for in Chapter 6 reby confirm th	apocity. I further agree to comply with the ty duties, and I am familiar with and accept 505, F.S. Or, if this document is being filed at the limited liability company has been
	Cheris .	David Roberts	- Assistant Sec	retary	
Signatur	e of Registered Agent				