

	(Requestor's Name)		
	(Address)		
	(Address)		
	(City/State/Zip/Phone #)		
☐ PICK-U	P WAIT MAIL		
	(Business Entity Name)		
	(Document Number)		
Certified Copies	Certificates of Status		
Special Instruction	s to Filing Officer.		
	umils		
Office Use Only			



08/27/24--01005--006 ******25.00

COVER LETTER

_	ration Section on of Corporations		
SUBJECT:	Mystic District LLC		
oobole	Name o	f Limited L	iability Company
Dear Sir or Ma	adam:		
The enclosed !	Registered Agent/Registered Office	Change and	fee(s) are submitted for filing.
Please return a	all correspondence concerning this m	atter to the	following:
Adam Saulters			
	Name of Person		
ZenBusiness In	c.		
	Firm/Company		<u> </u>
336 E. College	Ave. Suite 301		
	Address		
Tallahassee, Fl.	. 32301		
	City/State and Zip Code		
ra@zenbusines	s.com		
E-mail a	ddress: (to be used for future annual	report notif	īcation)
For further inf	ormation concerning this matter, ple	ase call:	
Adam Saulters		8 44 at (493-6249
	Name of Person		Area Code & Daytime Telephone Number
Regis Divis P.O. I	ng Address: tration Section ion of Corporations Box 6327 nassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclo	sed is a check for the following am	ount:	
■ \$ 25	Filing Fee	□ \$.	55 Filing Fee & Certified Copy
INHS18 (2/14)			

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.	Same of the limited liability company: Mystic District I	J.C					
2. (a	615 NORTH ATLANTIC AVENUE			(b) 3000 SOUTH ATLANTIC AVENUE			
(u,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0,	,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	BUILDING 655			APT 3			
	COCOA BEACH, FL 32931			COCOA	BEACH, FL 32931		
	07/15/2024			1.2400031	3954		
3.	Date of filing/registration in Florida	4.	-		Document number		
5. (a	GRANIER, ELISE						
(-	Registered Agent and Registered Office shown on the records of 3000 SOUTH ATLANTIC AVENUE	ate:					
	Registered Office Address (MUST BE FLORIDA STREET APT 3	-					
	COCOA BEACH, F	L_32931			 		
	ZenBusiness Inc.						
(b)						
	Sales hame of 1024 Negistered Agent and/or MEW Registere	nter name of NEW Registered Agent and/or NEW Registered Office address:					
	336 E. College Ave. Suite 301						
	NEW Registered Office Address:		•				
	Tallahassee	22201					
	Farianassee, F	L_32301			_		
chang agent was/v	limited liability company is not organized under the lage or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	e regist ability of the l	erec cor imi	d office a npany, it ted liabil	nd the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in		
	Elise Granier	<u> </u>	lise	Granier			
	ature of a member or authorized representative of a member				Printed or typed name of signee		
provi. the ol to me	eby accept the appointment as registered agent and agisions of all statutes relative to the proper and complete bligations of my position as registered agent as provide rely reflect a change in the registered office address, I sed in writing of this change.	ree to a perfor ed for in hereby	nct i ma n Ci coi	in this cap nce of my hapter 60 nfirm thai	pacity. I further agree to comply with the values, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been		
Cian	ha denier						
- ərgiləl	ure of Registered Agent						