L24000346244

(Req	juestor's Name)				
(Add	ress)				
(Add	ress)				
(City	/State/Zip/Phone	#)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates o	of Status			
Special Instructions to Filing Officer:					
Umils					





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990 1202 HOURS HOLDS ***(15.00)



COVER LETTER

The enclosed Registered Agent/Registered Office Change and for	ec(s) are submitted for filing.
Name of Limited Lia Dear Sir or Madam:	ec(s) are submitted for filing.
The enclosed Registered Agent/Registered Office Change and for	•
•	•
Please return all correspondence concerning this matter to the fo	ollowing:
Dirk Hoppe	
Name of Person	_
Firm/Company	_
50 Harris Lee Court	
Address	_
Santa Rosa Beach, FL 32459	
City/State and Zip Code	_
dirkhoppe@gmail.com	
E-mail address: (to be used for future annual report notific	ation)
For further information concerning this matter, please call:	
Dirk Hoppe 512	239-9083
Name of Person	Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
Enclosed is a check for the following amount: ■ \$25 Filing Fee □ \$55	Tallahassee, FL 32303 5 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. Na	me of the limited liability company: 69 Melrose LLC				
2. (a)	50 Harris Lee Court, Santa Rosa Beach, FL 32459			Lee Court, Santa Rosa Beach, FL 32459	
c. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		_	ess of limited liability company: AY BE POST OFFICE BOX)	
	August 7, 2024	1.240003	462.14		
3.	Date of filing/registration in Florida	4.	Document numb		
).	United States Corporation Agents, Inc.	₩.	Document num	JC1	
5. (a)	Registered Agent and Registered Office shown on the records of	of the Florida Dept. of S	State:	3	
	Registered Office Address (MUST BE FLORIDA STREET) 476 Riverside Ave.	TADDRESS)			
	Jacksonville	32202		-	
(b)	Dirk Hoppe Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	ed Office address:			
	NEW Registered Office Address:				
	50 Harris Lee Court				
	Santa Rosa Beach, F	32459 FL			
change agent v was/we the arti	imited liability company is not organized under the last or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lare authorized by an affirmative vote of the members cles of organization or the operating agreement of the Harrel	ne registered office liability company, it of the limited liab	and the business of it is hereby confirm ility company or as	fice of the registered ed that the change(s)	
Signar	ture of a member or authorized representative of a member		Printed or typed no	ame of signee	
provisi The obl To merc	by accept the appointment as registered agent and agons of all statutes relative to the proper and complete igations of my position as registered agent as provided to the proper address. If the writing of this change.	e pertormance of n	iv duties, and Lam .	tamiliar with and accept	