

L24000461841

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

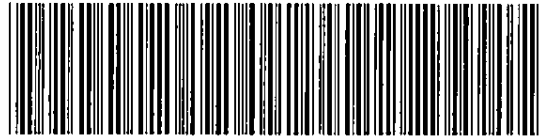
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SECRETARY OF STATE
TALLAHASSEE, FL

FILED

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BOZEMAN ROAD OLD SARUM, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kenneth B Wheeler
Name of Person

Kenneth B Wheeler LLM Tax PA
Firm/Company

1155 Louisiana Ave Suite 100
Address

Winter Park
City/State and Zip Code

Kwheeler@totalwealth.care
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kenneth Wheeler at (407) 645-1779
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
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

Payable
FLORIDA DEPARTMENT OF STATE

2024 NOV 13 AM 9:57
SECRETARY OF STATE
TALLAHASSEE, FL

**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. Name of the limited liability company: BOZEMAN ROAD OLD SARUM, LLC
2. (a) BOZEMAN ROAD OLD SARUM, LLC
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
610 Zuni Road
St Cloud, FL 34771
- (b) BOZEMAN ROAD OLD SARUM, LLC
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
610 Zuni Road
St Cloud, FL 34771
3. 10/31/2024
Date of filing/registration in Florida
4. L24000461841
Document number
5. (a) _____
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
Howard, Johnny C
Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**
610 Zuni Road Suite 106
St Cloud, FL 34771
- (b) _____
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

(no change)
NEW Registered Office Address:
610 Zuni Road
St Cloud, FL 34771

2024 NOV 13 AM 9:57
SECRETARY OF STATE
TALLAHASSEE, FL

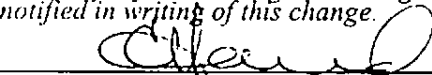
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.


Signature of a member or authorized representative of a member

Kenneth B. Wheeler

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.


Signature of Registered Agent