1/9/25 8:28 AM **Division of Corporations**

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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

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC REGISTERED AGENT CHANGE TUMMALA REAL ESTATE 1 FL, LLC

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K. SALY

JAN 1-0-2025

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1/9/2025 06:33:26 PST- To: 18506176383 Pege: 2/2 Fex: 8134365206

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. N	ame of the limited liability company:	state 1 FL, LLC	
2. (a)	7901 4th St N	(b) ⁷⁹⁰	1 4th St N
2. (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)
	STE 300	STE	300
	St. Petersburg, FL 33702	St. F	Petersburg, FL 33702
	12/19/2024	L2400	00525285
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	REGISTERED AGENTS INC.		
* - *,	Registered Agent and Registered Office shown on the records of	the Florida Dept.	of State:
	7901 4TH ST. N		
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)	
	STE 300		
	St. Petersburg F1	33702	TALL
(b)	Northwest Registered Agent LLC		FILE PH 5: 00
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office address:	
	7901 4th St N		
	NEW Registered Office Address:		警: 00
	STE 300		.
	St. Petersburg , FL	33702	
the chagent was/w the art	limited liability company is not organized under the lar 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	f the registered ability compar of the limited l	office and the business office of the registered by, it is hereby confirmed that the change(s) iability company or as otherwise provided in ty company.
-	nture of a member or authorized representative of a member		Printed or typed name of signee
provis the ob to mer	by accept the appointment as registered agent and aging ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change.	performance of for in Chapt hereby confirm	is capacity. I further agree to comply with the of my duties, and I am Jamiliar with and accept er 605, F.S. Or, if this document is being filed a that the limited liability company has been
Signati	Taylor Newman - Assistant S	ecretary	