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To:

Division of Corporations

Fax Number : (850)617-6383

Account Name : LEGALINC CORPORATE SERVICES INC.

Account Number : I20180000011 Phone : (844)386-0178 Fax Number : (214)317-4754

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

Fmail Address

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## LLC REGISTERED AGENT CHANGE SELLMYTIMESHARENOW, LLC

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M. SOLOMON

APR 1 1 2024

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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

(((H240001320963)))

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	ame of the limited liability company: SELLMYTIMESI	łare	NOW, LLC	
2. (a)			(b)	
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	8545 COMMODITY CIRCLE SUITE 500		8545 CO	MMODITY CIRCLE SUITE 500
	ORLANDO, FL 32819	_	ORLANI	DO, FL 32819
	01/15/2004		M0400000	0199
3.	Date of filing/registration in Florida	4.	<del></del>	Document number
5. (a)	Registered Agent and Registered Office shown on the records of the CORPORATION SERVICE COMPANY	hc Flo	rida Dept, of Sta	te:
	Registered Office Address MUST BE FLORIDA STREET A	DDRI	<u> </u>	2024
	TALLAHASSEE, FL_	32301		APR 1
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u> LEGALINC CORPORATE SERVICES INC.	Office	Address:	PH I: 19
	NEW Registered Office Address:			-
	476 Riverside Ave.			_
	Jacksonville, FL_	32202		_
agent was/w the ar	limited liability company is not organized under the laws or changes are made, the Florida street address of the rewill be identical. Or, in the case of a Florida limited liability and a street authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the liability of a member authorized representative of a member reby accept the appointment as registered agent and agrees sions of all statutes relative to the proper and complete politications of my position as registered agent as provided prely reflect a change in the registered office address. The lead in writing of this change.	egisto pility the li miteo Ki	ct in this cape	of the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in apany.  Printed or typed name of signee
Signa	nture of Registered Agent			