Note: Please print this page and use it as a cover shad. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000154234 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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

Email Address:

LLC REGISTERED AGENT CHANGE IL ODYSSEY, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

T. LEMIEUX

APRIJ 6 2023

Electronic Filing Menu Corporate Filing Menu

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.

l.	Ni	ame of the limited liability company: IL ODYS	SEY, LLC	•
2.	(a)	Principal office address of limited liability compan (Note: MUST BE STREET ADDRESS)	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		02/23/2009	M090000	
3.		Date of filing/registration in Florida	4.	Document number
5.	(a)			_
		Registered Agent and Registered Office shown on the reco	rds of the Florida Dept. of Stat	ν.
		1201 HAYS STREET Registered Office Address (MUST BE FLORIDA STR	DEET ADDRESS	
		Registered Office Address - BIOST BE PLORIDA STR	<u>(EET ADDRESS)</u>	, e e e
				2023
		TALLAHASSEE	, FL <u>32301-2525</u>	- 1·* - 1 - 73
	<i>/</i> 1 >	Registered Agents Inc		25 -
	(b)	Enter name of NEW Registered Agent and/or NEW Regis	stered Office address:	
		7901 4th St N		ተ ተ
		<u>NEW</u> Registered Office Address.	 -	
		STE 300		-
		St. Petersburg	_, FL_ <u>33702</u>	-
the ag wa the	y cha ent y is/wo y arti	imited liability company is not organized under thinge or changes are made, the Florida street addrewill be identical. Or, in the case of a Florida limitere authorized by an affirmative vote of the members of organization or the operating agreement of the interest of a member of a	iss of the registered offic ted liability company, it i bers of the limited liabilit	e and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in upany.
- 5	Signa	ture of a member or authorized representative of a member		Printed or typed name of signee
pre the to	ovisi r obl mer a	by accept the appointment as registered agent an ons of all statutes relative to the proper and com igations of my position as registered agent as pro ely reflect a change in the registered office addre d in writing of this change.	d agree to act in this cap plete performance of my ovided for in Chapter 602 ss, I hereby confirm that	acity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

્રાતિ િક્ષ્યું David Roberts - Assistant Secretary

Signature of Registered Agent