8/31/2021

Division of Corporations **Electronic Filing Cover Sheet** 

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Division of Corporations

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## LLC REGISTERED AGENT CHANGE 870 EAST RAILROAD LLC

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## 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.

Florie				
1. N	Name of the limited liability company: 870 E	AST RAILRO	DAD LLC	
2. (a)		(b)		
<u> </u>	Principal office address of limited liability compar (Note: MUST BE STREET ADDRESS)	ny:	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	7901 4th St N STE 300	7901	4th St N STE 300	
	St. Petersburg FL 33702	St. Pe	tersburg FL 33702	
	05/23/2012	M1200	M12000002910	
3.	Date of filing/registration in Florida	4.	Document number	
5 (	REGISTERED AGENT SOLUTIONS, I	NC.		
5. (a)	Registered Agent and Registered Office shown on the reco		State:	
	155 OFFICE PLAZA DRIVE		AU SE	
	Registered Office Address (MUST BE FLORIDA ST	REET ADDRESS)	be Florida Dept. of State:  70. AUG 31  DDRESS)	
	SUITE A			
	TALLAHASSEE	, FL 32301	OF STATE	
(b	, Northwest Registered Age	ent LLC		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Reg</u>	gistered Office address:		
	7901 4th St N			
	NEW Registered Office Address:			
	STE 300		aganamini	
	St. Petersburg	, <sub>FL</sub> 33702		
the clagent was/vithe are Sign I her provite on to me	limited liability company is not organized under hange or changes are made, the Florida street additional were authorized. Or, in the case of a Florida limited were authorized by an affirmative vote of the menticles of organization or the operating agreement and companies of the appointment as registered agent a sisions of all statutes relative to the proper and combined to the proper and the proper	ress of the registered of nited liability company, of the limited liability of the limited liabi	it is hereby confirmed that the change(s) ility company or as otherwise provided in company.  Oble  Printed or typed name of signee  rapacity. I further agree to comply with the production and I am familiar with and accept	

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

CloveTom Glover - Assistant Secretary

Signature of Registered Agent