## 113000007172

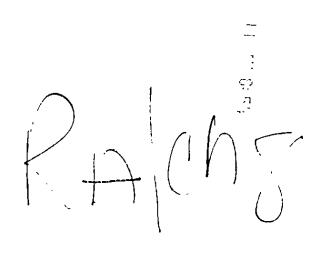
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





200355865422

12/11/20--01014--007 \*\*35.08



JAN 27 2021 LALBRITTON

## COVER LETTER

TO:

TO: Amendment Section Division of Corporations	
SUBJECT: 9648 Spring Circle, LLC	
Name of Corporation	
DOCUMENT NUMBER: M13000007172	
The enclosed Statement of Change of Regis	stered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning	g this matter to the following:
V. I. I. Carab	
Kyle J. Stroh  Name of Contact Person	······
Metz Bailey & McLoughlin	
Firm/Company	
33 E. Schrock Road	
Address	<del></del>
Westerville, Ohio 43081	
City/State and Zip Code	
kstroh@metzbailey.com	
E-mail address: (to be used for future an	
E man address. (to be asea for fatare an	induit (Sport Normann)
For further information concerning this mat	ter, please call:
Kyle J. Stroh, Attorney (Fl Bar No 0031460)	3882-2327
Name of Contact Person	at (614 )882-2327  Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to	the Department of State.
Mailing Address: Amendment Section	Street Address:
Amendment Section Division of Corporations	Amendment Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
	Tallahassee, FL 32303

CR2E045 (04/13)

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0302, 617.0302, 607.1308, or 617.1308, Florida Statut unge is submitted for a corporation organized under the laws of the State of <u>Ohio</u> or to change its registered office or registered agent, or both, in the State of Florid	
1. The name of	the corporation: 9468 Spring Circle, LLC	
2. The principal	office address: 8188 Tecumsch Circle, Port Charlotte, FL 33981	
	nddress (if different):	
4. Date of incorp	poration/qualification: 11/12/2013 Document number: M13000007172	2
	I street address of the current registered agent and registered office on file with the timent of State: (If resigned, enter resigned)	<del>:</del>
	Gerald Crosby (deceased/resigned)	
	8188 Tecumsch Circle	
	Port Charlotte, FL 33981	
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office	
	Marsha Crosby	2,5
	8188 Tecumseh Circle	. 1
	P.O. Box NOT acceptable	
	Port Charlotte, FL 33981	
The street addreas changed will	ess of its registered office and the street address of the business office of its registerial.	istered agent,
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an offic ne board, or the corporation has been notified in writing of the change.	er so
Marsha Crosb		
I hereby accept I further agree of of my duties, an document is bei	the appointment as registered agent and agree to act in this capacity.  to comply with the provisions of all statutes relative to the proper and complete an familiar with and accept the obligation of my position as registered age ing filed merely to reflect a change in the registered office address, I hereby con the heen notified in writing of this change.	e performance nt. Or, if this nfirm that the
Marsha Ci Sig	nature of Registered Agent Date	သေ
If signing on be	half of an entity:	
Marsha Crosby,	individually	
'n	yped or Printed Name	
	* * * FILING FEE: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)