Division of Corporations

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

(((H23000362999 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 : (813)436-5206

禁柜nter 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 **BOXTOWN, LLC**

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

Electronic Filing Menu Corporate Filing Menu

Help

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. Na	one of the limited liability company: BOXTOWN, 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)
		- -	
	11/19/2013	M13	000007326
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	WILLIAMS, II, ROGER S		
• • •	Registered Agent and Registered Office shown on the records of		
	5300 SHAD RD		
	Registered Office Address [MUST BE FLORIDA STREET]	ADDRESS)	
	JACKSONVILLE	32257	
	, FL		
(b)	Northwest Registered Agent LLC		•
` ,	Enter name of NEW Registered Agent and/or NEW Registered	l Office address	· · · · · · · · · · · · · · · · · · ·
	7901 4th St N		 .:
	F		
	NEW Registered Office Address:		•
	STE 300		
	St. Petersburg . FI.	33702	
If the li	mited liability company is not organized under the la- nge or changes are made, the Florida street address of	ws of the Stat fithe registere	e of Florida, it is hereby confirmed that after d office and the business office of the registered
agent v	vill be identical. Or, in the case of a Florida limited li	ability compa	my, it is hereby confirmed that the change(s)
was/we the arti	ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	or the ilmited Timited liabil	liability company or as otherwise provided in lity company.
17	The of a member of authorized representative of a member	Nat Smith	ו
Signat	ture of amember or authorized representative of a member		Printed or typed name of signee
provisi the obli to mere	by accept the appointment as registered agent and agrous of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address, I in writing of this change.	ree to act in to performance d for in Chap hereby confir	his capacity. I further agree to comply with the of my duties, and I am familiar with and accept ster 605, F.S. Or, if this document is being filed m that the limited liability company has been
	Taylor Newman - Assistant S	ecretary	