M14000003824



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

Office Use Only



700437136387

10/01/24--01044--025 **25.00

Activities of the Carlo

COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJI	·				
	Name	of Limited L	ability Company		
Dear S	ir or Madam:				
The en	closed Registered Agent/Registered Offic	e Change and	fee(s) are submitted for filing.		
Please	return all correspondence concerning this	matter to the	following:		
DONA	LD MCCARTNEY				
	Name of Person				
BEYO	ND79				
	Firm/Company				
7500 C	COLLEGE BLVD., 5TH FLOOR				
	Address				
OVER	LAND PARK, KS 66210				
	City/State and Zip Code				
DMCC	ARTNEY@MCCARTNEYLAW.BIZ				
Ī	E-mail address: (to be used for future annu	al report notif	ication)		
For fu	rther information concerning this matter.	please call:			
DONA	LD MCCARTNEY	_ at (<u></u> 816	830-7959		
	Name of Person		Area Code & Daytime Telephone Number		
	STREET/COURIER ADDRESS:		AILING ADDRESS:		
	Registration Section		gistration Section		
Division of Corporations			Division of Corporations		
Clifton Building			D. Box 6327		
	2661 Executive Center Circle	Ta	llahassee. Florida 32314		
	Tallahassee. Florida 32301				
	Enclosed is a check for the following:	amount:			
	2 \$25 Filing Fee	□ \$:	55 Filing Fee & Certified Copy		

INHS18 (2/14)

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.

	6401 CONGRESS AVENUE	(b	6 CORPO	RATE WOODS		
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0) Mailin		*	ing address of limited liability company: lote: MAY BE POST OFFICE BOX	
	SUITE 175		8900 INDIA	AN CREEK PARKWA	Y, SUITE 2	70
	BOCA RATON, FL 33487	_	OVERLAN	D PARK, KS 66210		
	06/03/2024		M140000038	324		
3.	Date of filing/registration in Florida	4.		Document number	7	
5. (a)	CORPORATION SERVICE COMPANY					
(-)	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of State	: :		
	1201 HAYS STREET			_		
	Registered Office Address (MUST BE FLORIDA STREET)	<u>ADDRESS</u>	2			
	TALLAHASSEE, FL	32301		• -	· ·	r- `
(b)	Registered Agents Inc				ALLANA	<u>.</u>
	Enter name of NEW Registered Agent and/or NEW Registered	Office ad	dress:	-		- I
	7901 4th St N			_	SST n.	
	NEW Registered Office Address:				. ,	<u>.</u>
	STE 300			_	- ;	۷.
	St. Petersburg, FL	33702		_		
		6	State of FI	orida it is harabu d	confirmed	that after
the cha agent w was/we the arti-	mited liability company is not organized under the lange or changes are made, the Florida street address of rill be identical. Or, in the case of a Florida limited live authorized by an affirmative vote of the members of the operating agreement of the last of organization or the operating agreement of the last of a member or authorized representative of a member on a complete one of all statutes relative to the proper and complete against of my position as registered agent as provide by reflect a change in the registered office address, I	f the reginability confit the limited limited JOS	stered offic ompany, it i nited liabilit liability cor HUA LANDY	e and the business s hereby confirmed y company or as o npany. Printed or typed name or control of typed name or control	office of the distance of signee	he registered change(s) rovided in

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

Signature of Registered Agent