12/14/23, 11:38 AM

Division of Corporations

## Florida Department of State

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(((H23000426249 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : URS AGENTS LLC Account Number : I20150000127 Phone : (800)567-4397 Fax Number (800)557-4398

\*\*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 FORT HILLASSOCIATES, LLC

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From: Kimberly Rogers

## COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: FORT HILL ASSOCIATES, LLC	
	nited Liability Company
Dear Sir or Madam:	•
The enclosed Registered Agent/Registered Office Chan	ge and fec(s) are submitted for filing.
Please return all correspondence concerning this matter	to the following:
Curt Plyler	
Name of Person	<del></del>
FORT HILL ASSOCIATES, LLC	
Firm/Company	
37 VILLA RD STE 106	
Address	<del></del>
GREENVILLE, SC 29615	
City/State and Zip Code	<del></del>
cplyler@forthillassociates.com	
E-mail address: (to be used for future annual report	t notification)
For further information concerning this matter, please of	all:
URS AGENTS C/O LAUREN JOHNSON at (	00 567 - 4397
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amount	:
☑ \$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.

1. N	fame of the limited liability company: FORT HILL	ASSOC	IATES,	, LLC			
							·-
` '	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(	·//	Mailing address	s of limited lie Y BE POST O	bility co	mpary, ROX)
	37 VILLA RD STE 106		37 V1	LLA RO STE			
	GREENVILLE, SC 29615		GRE	ENVILLE, SC	29615		
	07/07/2014		M140	00004770			
3.	Date of filing/registration in Florida	<b>-</b> 4.	-	Document r	number		
5. (a)							
(-)	Registered Agent and Registered Office shown on the records of	the Florid	a Dept. of	Sime:			
	PLYLER, CURT						
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS	S)	<del></del>			
	1200 4TH ST, #145		_				
	KEY WEST , FI	33040		<del></del>		21	
		·			• •	2023 DEC 14	
(b)					-	]]	÷.
	Enter name of NEW Registered Agent and/or NEW Registered	Office ad	dress:		•	=	三方法
	URS AGENTS, LLC					<u>≯</u>	
	NEW Registered Office Address:	·		<del></del>		Ö	~
	3458 LAKESHORE DRIVE					39	
	TALLAHASSEE , FI	32312					
ine cha agent v was/we	imited liability company is not organized under the layinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited like authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the regis ability co of the lim	stered off impany, i ited liabi	fice and the busi it is hereby conf ility company or	iness office firmed that t	of the i	. फ्राअशंपुज
<u> </u>	Cutalyles	Cur	t Plyler				
	ure of a member of authorized representative of a member	<del>-</del>		Printed or type	_		
the obli to mere	by accept the appointment as registered agent and agrons of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I have the change in the registered office address, I have the change.	ree to act performa d for in C hereby co	in this ca ance of m Chapter 6 onfirm the	apacity. I furthe 1y duties, and I o 505, F.S. Or, if i at the limited lic	er agree to c am familiar this docume ability comp	comply with a nt is be any ha	with the nd accept sing filed s been
$\underline{\lambda} u$	MUNICIPAL LAUREN JOHNSON, ASST. SECRETARY						

Signature of Registered Agent