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H230004162023ABCU

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Address:		
	Address:	Address:

LLC REGISTERED AGENT CHANGE ST. PETERSBURG OPERATOR, LLC

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K. Brumbley

COVER LETTER

TO: Registration Section Division of Corporations	
St. Petersburg Operator, LLC SUBJECT:	
	f Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.
Please return all correspondence concerning this m	natter to the following:
Lori Whalen	
Name of Person	
Registered Agent Solutions, Inc.	
Firm/Company	
Corporate Center One, 5301 Southwest Pkwy, Ste 400	
Address	
Austin, TX 78735	
City/State and Zip Code	
E-mail address: (to be used for future annual	report notification)
For further information concerning this matter, plea	ase call:
Lori Whalen	888 705-7274
Name of Person	Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following amo	ount:
□ \$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. Na	ame of the limited liability company: St. Petersburg C)perat	or, L	LC .			
2. (a)	1416 Clarkview Road		(b)	1416 Clarkview Road			
_ , ,,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	Baltimore, MD 21209	_	_	Baltimore	, MD 21209		
	12/9/2014		М	14000008	800		
3.	Date of filing/registration in Florida	4.			Document number	- · · <u> · · · · · · · · · · · · · ·</u>	
5. (a)	TRAC - THE REGISTERED AGENT COMPANY						
J. (u)	Registered Agent and Registered Office shown on the records of the	he Flor	ida D	ept. of State:			
	Registered Office Address (MUST BE FLORIDA STREET A	IDDRE	SS				
	Tallahassee	3230	3			<i>~</i> 3	
(b)	Registered Agent Solutions, Inc. Enter name of NEW Registered Agent and/or NEW Registered Office address: 2894 Remington Green Ln.				· ·	2023 DEC -6 PM	
	NEW Registered Office Address:					· 2:	
	Ste. A					. ∪ . ∵	
	Tallahassee , FL	32308	3				
change agent w was/we	mited liability company is not organized under the law or changes are made, the Florida street address of the rail be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li	registe bility of the li	red (comp mite	office and pany, it is I d liability	the business office of t hereby confirmed that t company or as otherwi	he registered the change(s)	
Isl	Jaclyn Wright	Ja	ctyn	Wright	Authorize	d Person	
Signati	ure of a member or authorized representative of a member			i	Printed or typed name of sig	nee	
provisio he obli o mere sotified	y accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete p gations of my position as registered agent as provided by reflect a change in the registered office address, I he in writing of this change.	e to ac perform for in ereby	ct in nanc Cha confi	this capac re of my du pter 605, i irm that th	vity. I further agree to a tries, and I am familiar F.S. Or, if this docume e limited liability comp	comply with the with and accept ont is being filed oany has been	
	Mackenzie Hibler, Asst, Secreta	ary					
Signatur	e of Registered Agent	•					