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## COVER LETTER

TO: Registration Section Division of Corporations

Parkhopper Properties, LLC Nume of Limited Liability Company SUBJECT:

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Larolyn Hudson Name of Person Properties, LLC Firm/Company 5513 Lakes Edge Drive Birmingham AL 35242 City/State and Zip Code

<u>Chudsonmon@parkhopperplace.</u> E-mail address: (to be used for fluture annual re port notification)

For further information concerning this matter, please call:

Latolyn of Charles Hudson at (205) 991-9186 (Landline Name of Person Area Code & Davtime Telephone Area Code & Davtime Telephone Number

<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 trea Code & Daytime Telephone N

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 amount:

🙀 \$25 Filing Fee

\$55 Filing Fee & Certified Copy

## 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.

. Name of the limite	d liability company: <u>Parkhop</u>	per Proper	ties, LLC		
Principal o	kes Edge Dr. Nice address of limited liability company: MUST BE STREET ADDRESS)	(b)	(b) <u>5513</u> <u>Lakes Edge Dr</u> Mailing address of limited liability company: ( <u>Note: MAY BE POST OFFICE BOX</u> )		
Birming	10m, AL 35242	- 	Birminghan	AL 35242	
	6 2015 filing/registration in Florida	4.	<u>M 150000</u> Document num		
(a) <u>Southar</u> Registered Agent a <u>2800 E</u> Registered Office	nd Registered Office shown on the records agles Roost Circle Address (MUST BE FLORIDA STREE Mee FL	MOSEMEN of the Florida Dept TADDRESSI	+ (Doma Crax		
Enter name of <u>NEV</u>	International, Inc <u>V Registered Agent</u> and/or <u>NEW Register</u> bo Dr. Office Address:	ed Office address	dy Truj: 110)	10 10 10 10 10 10 10 10 10 10 10 10 10 1	
Davenp	ort, FL	FL 33890	 ````		
ange or changes are r ent will be identical. is/were authorized by	ompany is not organized under the l nade, the Florida street address of the Or, in the case of a Florida limited an affirmative vote of the members ion or the operating agreement of the	aws of the State ne registered off liability compar s of the limited l ne limited liabili	of Florida, it is herebice and the business only, it is hereby confirm iability company or asty company.	ffice of the registered ned that the change(s) otherwise provided in	
hereby accept the app ovisions of all statute cobligations of my po merely reflect a chro	authorized representative of a member pointment as registered agent and a s relative to the proper and complet petion as registered agent as provid go in the registered office address, is charge.	gree to act in th	is capacity. I further a of my duties, and I am or 605, F.S. Or, if this is that the limited liabil	mee to comply with the	
otified in writing of th Signature of Registered Age	y churge.			ny company nas occu	

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