## M/400000 1925

(Re	questor's Name)							
(Address)								
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(City/State/Zip/Phone #)								
PICK-UP	☐ WAIT	MAIL						
(Business Entity Name)								
(Document Number)								
Certified Copies	_ Certificates	s of Status						
Special Instructions to Filing Officer:								
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ALLAHASSE OF STATE

TO:

PHYSICAL: Dept. of State

**Division of Corporations** 

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

MAILING:

Dept. of State

**Division of Corporations** 

Corporate Filings P.O. Box 6327

Tallahassee, FL 32314

FROM:

National Corporate Headquarters, Inc.

5605 Riggins Court Suite 200

Reno NV 89502 (800) 638-2320 (775) 329-0852

DATE:

Thursday, April 05, 2018

SENT VIA USPS

To Whom It May Concern:

Attached, please find the following document(s):

• Change of Registered Agent

## For <u>REDEVELOPING ST PETERSBURG, LLC</u>

We have included payment in the amount of \$25.00 for the following fees:

• Change of Registered Agent

We have included one original and one copy of the Articles.

If there are any questions, please call 800-542-2077

## Please return the file stamped copy of the Articles to the address below:

Renewal Department 5605 Riggins Court Suite 200 Reno NV 89502 Attn: Judi Anguiano

## 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	ame of the limited Hability company: REDEVELO	OPI	NG ST P	ETERSBUR	G, LLC	;	
2. (a)	3001 58th Ave South Apt. 210	(b) 3001 58		8th Ave South A	pt. 210		<del></del>
•	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of lim (Note: MAY BE PO	ited liability		
	Saint Petersburg, FL 33712	_	Saint Po	etersburg, FL 337	112	<del>- ·</del>	
	03/04/16		M1600	0001925			
<b>I.</b>	Date of filing/registration in Florida	4.		Document number	Г		•
i. (a)	abubacarr, kebbeh						
, ,_,	Registered Agent and Registered Office shown on the records of t	he Flori	da Dept. of Sta	— te:			
	3001 58TH AVE SOUTH 210				₹.		
	Registered Office Address [MUST BE FLORIDA STREET A	DDRE	SS)	<del>-</del>		2018	
				_	A A	KAY	7
	SAINT PETERSBURG	3371	2	_	ASS	1	
	, FL_			<del></del>	$\widetilde{W}_{<}^{c_0}$	8	
(b)	Registered Agents Inc.				77	₹	
(-)	Enter name of NEW Registered Agent and/or NEW Registered	Office a	ddress:	<b></b>	8	AM 10: 02	D
	3030 N. Rocky Point Dr.			_	D.	Z-0	
	NEW Registered Office Address:			_			
	STE 150A			_			
	Tampa, FL_	3360	)7	·-			
gent was/we artic	mited liability company is not organized under the law nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the law of a member or authorized representative of a member of a member of a member of a member of all statutes relative to the proper and complete ligations of any position as registered agent as provided by reflect a change in the registered office address, I have a street of the proper and complete ligations of any position as registered agent as provided by reflect a change in the registered office address, I have a street agent and agree of the proper and complete ligations of any position as registered agent as provided the registered of the proper and complete ligations of any position as registered agent as provided the registered of the proper and complete ligations of any position as registered agent as provided the registered agent and agree of the proper and complete ligations are registered of the proper and complete ligations are registered of the proper and complete light and the proper and the proper and complete light and the proper and the proper and the proper and	the regibility of the literated in the l	gistered offic company, it mited liabili lliability con ABU ct in this cap mance of my	te and the business is hereby confirmed by company or as of mpany.  Printed or typed name of the confirmed or typed name of the confirmed by further age of th	office of that the therwise per of signee to consider with the country of the cou	the regist change (so or ovided for ovided f	tered in in the ccept filed
oùijed Se	Pin writing of this change.  Bill Havre - Assistant	_			, : <b></b>	, - /	
ığvaşrız	e of Registered Agent						

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