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Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (614)573-3996

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 DOC-5101 NORTH DAVIS HIGHWAY MOB, LLC

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Signature of Registered Agent

To:

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.

I. Na	nme of the limited liability company: DOC-5101 NORT	H DY	V 1.5	- HIGHWAY	A WOR, LIC
2. (a)	4600 South Syracuse Street	_	(b)	4600 South	Syracuse Street
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)				failing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Suite 500	_		Suite 500	
	Denver, CO 80237			Denver. CO	80237
	05/25/2016		Ŋ	M160000041	\$5
3.	Date of filing/registration in Florida	4.	_	•	Document number
. (a)	SPI AGENT SOLUTIONS, INC.				
· (u)	Registered Agent and Registered Office shown on the records of the	he Flor	ida 1	Dept. of State:	
	1540 GLENWAY DR.				
	Registered Office Address MUST BE FLORIDA STREET AL	DDRE.	<u>SS)</u>		
	TALLAHASSEE 3	32301	_		
	,FL				~ 1
(h)	C T Corporation System				2024 ՄԻ
(b) -	Enter name of NEW Registered Agent and/or NEW Registered C	Office a	ddı	ress:	Ç <u>.</u>
			3- 11-	<u> </u>	
	<u>·</u>				7
	NEW Registered Office Address:				P.112:
	1200 South Pinc Island Road				25
					ည် ငွင်း
	Plantation FI 3	3324			
ie chai gent w ras/we ie artic []] Signuti	mited liability company is not organized under the laws age or changes are made, the Florida street address of the fill 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 liability. Fickers	he reg vility of the li imited Na	iston mit Hia ATA	ered office an appany, it is led liability ability comp	and the business office of the registere hereby confirmed that the change(s) company or as otherwise provided in pany. NS, MANAGER Printed or typed name of signee
rovision he obli he obli mere otified	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. C T Corporation System ONLEMERCH ASSIGNT SECTION	erfori for in reby c	ct ii mai Cl con	n this capae ice of my di iapter 605, firm that th	city. I further agree to comply with the uties, and I am familiar with and accep F.S. Or, if this document is being file the limited liability company has been