Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (307)200-2803 Phone Fax Number : (813)436-5206

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

్డEmail Address:\_

## LLC REGISTERED AGENT CHANGE TH TAMPA 1901 FLETCHER LLC

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JAN 1 3 2025

## 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	TH TAMPA 1901 F	LETCHER LLC	
2. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(b)	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
3.	09/28/2017  Date of filing/registration in Florida	M17000	Document number
5. (a	COGENCY GLOBAL INC.  Registered Agent and Registered Office shown on the records of the Florida Dept. of State  115 N CALHOUN ST. SUITE 4  Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		t State:
(b)	Renistered Agents Inc	32301 Office address:	APPROVEL AND FILED  2025 JAN 10 PM  LEGRETARY FOR THE SHAPE AND ASSESTED ASSESTED AND ASSESTED ASSESTED AND ASSESTED ASSE
	7901 4th St N  NEW Registered Office Address: STE 300		AROVEL ILED 10 PM 12: 59
	St. Petersburg , FL	33702	<u> </u>
the chagent was/withe ar	limited liability company is not organized under the law ange or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited lial were authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the law accept the appointment as registered agent and agresions of all statutes relative to the proper and complete poligations of my position as registered agent as provided rely reflect a change in the registered office address, I have	the registered of bility company I the limited lia imited liability Robin Jones	office and the business office of the registered, it is hereby confirmed that the change(s) bility company or as otherwise provided in company.  Printed or typed name of signee  capacity. I further garee to comply with the
notipe	and in writing of this change.  David Coests David Roberts - Assistant Secure of Registered Agent		mat the firmed maping company has been