MISOMOLOGI

(Requestor's Name)						
	(Address)					
(Address)						
	(City/State/Zip/Phone #)					
PICK-UP	WAIT MAIL					
	(Business Entity Name)					
(Document Number)						
Certified Copies	Certificales of Status					
Special Instructions to Filing Officer:						
	J. HORNE					
	JUL - 5 2023					

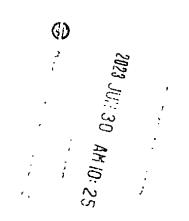
Office Use Only



600411357446



42



CORPORATION SERVICE COMPANY

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195						
REFERENCE : 822-931 5035116						
REFERENCE : 822-931 5035116 AUTHORIZATION : Spelle was						
COST LIMIT : \$ 25.00						
ORDER DATE : June 19, 2023						
ORDER TIME : 9:34 AM						
ORDER NO. : 822931-006						
CUSTOMER NO: 5035116						
CHANGE OF AGENT						
NAME: BARTRAM LAKES FL, LLC						
Mail. Bidital Manabili, blo						
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:						
CERTIFIED COPY XX PLAIN STAMPED COPY						
CONTACT PERSON: Alexxis Weiland-sorenson						
EXAMINER'S INITIALS:						

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	ume of the limited liability company: BARTRAM LAI	KES FI	_, LI	_C	
2	(a)	448 VIKING DRIVE		(b) 448 VIKING DRIVE		
	(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	 -	(0		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		STE 220			STE 220	
		VIRGINIA BEACH, VA 23452	-		VIRGINIA	A BEACH, VA 23452
		06/28/2018			М1800000	6067
3.		Date of filing/registration in Florida	4.	-		Document number
5.	(a)					
	(-)	Registered Agent and Registered Office shown on the records of C T CORPORATION SYSTEM		rida	Dept. of Stat	e:
		Registered Office Address (MUST BE FLORIDA STREET	ADDR	ESS,	_	_
		1200 S PINE ISLAND RD				
		PLANTATION . F	3332 L	24		_
						ZO TAL
	(b)	Enter name of NEW Registered Agent and/or NEW Registere	d Office		<u></u>	2023 JUN 30 SECRETARY ALLAHASS
		Tracer name of NEW Registered Agent and/or NEW Registere	<u>a Oniçe</u>	· aqu	iress;	
		Corporation Service Company				30
		NEW Registered Office Address:				- 5
		1201 Hays Street				Ü
						_
		Tallahassee, F	ار <u>3230</u> اد	11		_
ch ag wa	ange ent v is/we	imited liability company is not organized under the la or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited li- ere authorized by an affirmative vote of the members cless of organization or the operating agreement of the	e regist iability of the l : limite	tere cor limi d li	d office an npany, it is ted liability ability con	d the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in
	Signa	ture of member or authorized representative of a member	_			Printed or typed name of signee
pro the to	ovisi e obl mere	by accept the appointment as registered agent and agens of all statutes relative to the proper and complete igations of my position as registered agent as provide ly reflect a change in the registered office address. It in writing of this change.	perfored for i	rma n C.	nce of mŷ a hapter 605	duties, ånd I am familiar with and accept , F.S. Or, if this document is being filed
Si	-	re of Registered Agent ace E. Kirby, Asst. Vice President				
	UIC	Division of Cornerations P O	Roy 6	327	■ Tallaha	ssee FI 3231.1

FILING FEE: \$25.00