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Fr	Account Name : COMPUTERSHARE Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442
ann	he email address for this business entity to be used for future all report mailings. Enter only one email address please.**
<u>.</u>	LLC REGISTERED AGENT CHANGE BAILIWICK SERVICES, LLC  Certificate of Status 0
S 46.	Certificate of Status 0

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K. SALY

AUG-2-9-2024

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## 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.

L Na	ame of the limited liability company: Bailiwick Serv	ices, LLC		
2. (a)	4260 NOREX DR		(b) 4260 N	SOREX DR
~. (a)	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)
	CHASKA, MN 55318		CHASI	KA, MN 55318
	07/02/2018		M18000	006186
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	CORPORATION SERVICE COMPANY			
,	Registered Agent and Registered Office shown on the records 1201 HAYS STREET	s of the Flo	rida Dept. of	
	Registered Office Address (MUST BE FLORIDA STREE	2024 AUG 28 AM 1: 57 TÄLLÄNASSEF FLÖRÖD		
	TALLAHASSEE	FL_32301		- SSEE
(b)	United Agent Group Inc.			- 1:57
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	red Office	address:	9,
	801 US Highway I			
	NEW Registered Office Address:			
	North Palm Beach	FL_33408	:	
change agent v was/w the arti	imited liability company is not organized under the cor changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the member icles of organization or the operating agreement of this Mules.	laws of t the regist Hiability rs of the l the limite	he State of ered office company, imited liab d liability o	and the business office of the registered it is hereby confirmed that the change(s) fility company or as otherwise provided in
	Signature of a member or authorized representative of a member			Printed or typed name of signee
provisi the obl to mer notifie	by accept the appointment as registered agent and a ions of all statutes relative to the proper and comple ligations of my position as registered agent as provi ely reflect a change in the registered office address, d in writing of this change.	agree to e eto perfoi ided for it . I hereby	ict in this c mance of r n Chapter ( confirm th	vapacity. I further agree to comply with the ny duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed nat the limited liability company has been
	ia Myles Adia Myles, Special Secretary			
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