

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:	Division of Corporations
	Fax Number : (850)617-6383
_	
From:	DESTETEDED ASSUTE THE
	Account Name : REGISTERED AGENTS INC.
	Account Number : I20090000081
	Phone : (307)200-2803
er the	Fax Number : (855)330-1010 email address for this business entity to be used for futu
annual	
annual	email address for this business entity to be used for future report mailings. Enter only one email address please.**

Electronic Filing Menu

Estimated Charge

Corporate Filing Menu

Help

\$25.00

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.

Principal office address of limited liability compa (Note: MUST BE STREET ADDRESS)	(b)		Mailing address of limited (Note: MAY BE POST	• •
06/24/19		M190	00006499	
Date of filing/registration in Florida	4.		Document number	
CONRAD, ETHAN				
Registered Agent and Registered Office shown on the rec	ords of the Florida	Dept. of Sta	 ute.	
5277 TOWER R UNIT A-1				
5277 TOWER R UNIT A-1 Registered Office Address (MUST BE FLORIDA ST	REET ADDRESS)		_	
	REET ADDRESS)		_	2
Registered Office Address (MUST BE FLORIDA ST			_	2022
	reet address)			2022 JAN
Registered Office Address (MUST BE FLORIDA ST				2022 JAN 18
Registered Office Address (MUST BE FLORIDA ST	_{FL} 32303			$\frac{-}{\infty}$
Registered Office Address (MUST BE FLORIDA ST TALLAHASSEE Registered Agents Inc Enter name of NEW Registered Agent and/or NEW Registered Ag	_{FL} 32303			$\frac{-}{\infty}$
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Registered Office Address (MUST BE FLORIDA ST TALLAHASSEE Registered Agents Inc Enter name of NEW Registered Agent and/or NEW Registered Agent Agen	_{FL} 32303			$\frac{-}{\infty}$

the change or changes are made, the Florida street address of the registered office and the business office of the register agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Ruline Fray Robin Jones

Signature of a member or authorized representative of a member

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my daties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been natified in writing of this change.

Da

David Roberts - Assistant Secretary

Signature of Registered Agent