## m1900000 6670

	(Requestor's Name)
	(Address)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
	(
PICK-UP	WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certifued Copies	Certificates of Status
Special Instructions to	Filing Officer:

Office Use Only



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□ CUSHING

CORPORATION SERVICE COMPANY

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

ACCOUNT NO. : 12000000195							
REFERENCE : 197631, 7391888							
AUTHORIZATION: Commenter	,						
COST LIMIT : \$ 25.00							
ORDER DATE : December 14, 2023							
ORDER TIME : 11:22 AM							
ORDER NO. : 197631-015							
CUSTOMER NO: 7391888	2023 I						
	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)						
CHANGE OF AGENT							
NAME: TOWNER & KOHLER, LLC							
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:							
CERTIFIED COPY XX PLAIN STAMPED COPY							
ALLEN DITHERD COLI							
CONTACT PERSON: Alexxis Weiland-sorenson							
EXAMINER'S INITIALS:							

## **COVER LETTER**

TO:	Registration Section Division of Corporations					
SUBJE	TOWNER & KOHLER, LLC.					
Name of Limited Liability Company						
Dear S	ir or Madam:					
The en	closed Registered Agent/Registered	l Office Change ar	nd fee(s) are submitted for filing.			
Please	return all correspondence concernit	ng this matter to th	ne following:			
	Name of Person					
			•			
	Firm/Company		<del></del>			
		_				
	Address					
		<del> </del>	<u></u>			
	City/State and Zip Co	-de				
			City City			
E	-mail address: (to be used for future	annual report not	tification)			
For fur	ther information concerning this ma	atter, please call:				
		, 1	·			
		at (	ì			
	Name of Person		Area Code & Daytime Telephone Number			
	Mailing Address:		Street Address:			
	Registration Section		Registration Section			
	Division of Corporations		Division of Corporations			
	P.O. Box 6327		The Centre of Tallahassee			
	Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
			rananassee, 1 L 32303			
	Enclosed is a check for the follow	ving amount:				
	☐ \$25 Filing Fee	0	\$55 Filing Fee & Certified Copy			

INHS18 (2/14)

## STATEMENT OF CHÁNGE 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	ame of the limited liability company: TOWNER & K	OHLER,	LLC.			
2. (a)	333 N. Wilmont Rd		(b) 333 N. Wilmont Rd			
2. (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)		
	Suite 340		Suite	e 340		
	Tucson, AZ 85711		Tucson, AZ 85711			
	06/26/2019		M1900	00006670		
3.	Date of filing/registration in Florida	— 4.		Document number		
5. (a)	Registered Agents, Inc.					
J. (a)	Registered Agent and Registered Office shown on the records 7901 4th St N	of the Flori	da Dept. o	of State:		
	Registered Office Address (MUST BE FLORIDA STREE) Ste 300	T ADDRE	<u>SS)</u>			
	St. Petersburg	33702	<u> </u>	2023		
(b)	Enter name of NEW Registered Agent and/or NEW Register  Corporation Service Company	ed Office :	iddress:	0023 DEC 27 AM 9: 20		
	NEW Registered Office Address:		-	一一一点。		
	1201 Hays Street					
	Tallahassee, I	<sub>L_32301</sub>				
change agent was/w the art	limited liability company is not organized under the le or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the therine Towner.	ne registe liability of s of the li ne limited	red offic company mited lia	tee and the business office of the registered v. it is hereby confirmed that the change(s) ability company or as otherwise provided in v company.		
Signa	ture of a member or authorized representative of a member			Printed or typed name of signee		
provisi the obi to mer notified	by accept the appointment as registered agent and a ions of all statutes relative to the proper and complet ligations of my position as registered agent as provia ely reflect a change in the registered office address, a d in writing of this change.	gree to a le perform led for in l hereby	ct in this nance of Chapter confirm i	capacity. I further agree to comply with the I my duties, and I am familiar with and accept to 605, F.S. Or, if this document is being filed that the limited liability company has been		
<u>Cle</u>	reng Weilard-Sanson, AVP					
Signatu	ire of Registered Agent					