

Florida Department of State

Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : MYLLC.COM, INC.
Account Number : 120130000077
Phone : (888)886-9552
Fax Number : (888)776-9552

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

Email Address: _____

LLC REGISTERED AGENT CHANGE
OPEN WINDOW PROPERTY MANAGEMENT LLC

Certificate of Status	0
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OPEN WINDOW PROPERTY MANAGEMENT LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing

Please return all correspondence concerning this matter to the following:

Heather Gaston

Name of Person

MyLLC.com, Inc.

Firm/Company

1910 Thomas Ave

Address

Cheyenne, WY 82001

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Heather Gaston at 888-886-9552

Name of Person

Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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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.

1. Name of the limited liability company: OPEN WINDOW PROPERTY MANAGEMENT LLC

<p>2. (a) <u>13880 Dulles Corner Lane, Suite 300</u> Principal office address of limited liability company: (Note: <u>MUST BE STREET ADDRESS</u>) <u>13880 DULLES CORNER LANESUITE 300</u> <u>HERNDON, VA 20171</u></p>	<p>(b) <u>PO Box 1263</u> Mailing address of limited liability company: (Note: <u>MAY BE POST OFFICE BOX</u>) <u>13880 DULLES CORNER LANESUITE 300</u> <u>HERNDON, VA 20171</u></p>
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<p>3. <u>10/25/2019</u> Date of filing/registration in Florida</p>	<p>4. <u>M19000010323</u> Document number</p>
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5. (a) CAPITOL CORPORATE SERVICES, INC.
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

515 East Park Avenue - 2Nd Floor
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
Tallahassee, FL 32301

(b) InCorp Services, Inc.
Enter name of NEW Registered Agent and/or NEW Registered Office address:
17888 67th Court North
NEW Registered Office Address:
Loxahatchee, FL 33470

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered 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.

✓ Anne Morgan
Signature of a member or authorized representative of a member

Anne Morgan
Printed or typed name of signer

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 duties, 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 notified in writing of this change.

Isabel Burgos
Signature of Registered Agent Isabel Burgos on behalf of InCorp Services, Inc.

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
FILING FEE: \$25.00

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