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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

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 STORLANDO GOLDENROD, LLC

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JAN 2 6 2024 T. LEMIEUX

COVER LETTER

TO: Registration Section Division of Corporations								
Storlando Goldenrod, LLC SUBJECT:								
Name of Limited Liability Company								
Dear Sir or Madam:								
The enclosed Registered Agent/Registered Office Chan	ge and fee(s) are submitted for filing.							
Please return all correspondence concerning this matter	to the following:							
Mary Castillo								
Name of Person								
Registered Agent Solutions, Inc.								
Firm/Company								
Corporate Center One, 5301 Southwest Pkwy, Ste 400								
Address	·············							
Austin, TX 78735								
City/State and Zip Code								
E-mail address: (to be used for future annual report	t notification)							
For further information concerning this matter, please ca	all:							
Mary Castillo 88	38 705-7274							
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.

a)	2300 Meijer Drive	(b	2300 Meij	jer Drive	
/ .	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(*	· — — — — — — — — — — — — — — — — — — —	_	ess of limited liability company: AY BE POST OFFICE BOX)
	Troy, MI 48084	_	Troy, MI 4	18084	
	11/8/2019	_	M19000011	491	
	Date of filing/registration in Florida	4.		Document	number
a)	CT CORPORATION SYSTEM				
	Registered Agent and Registered Office shown on the records of 1200 SOUTH PINE ISLAND ROAD	- e:			
	Registered Office Address (MUST BE FLORIDA STREET)	4DDRESS	1	-	2024 SECT
	PLANTATION , FL	33324			ECTITARY FOR SALE AND
(p) _	Registered Agent Solutions, Inc.			-	대 목 유원
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office add	<u>iress</u> :		D نون D
	2894 Remington Green Ln.				ATE 41E
	NEW Registered Office Address:		· · · · · · · · · · · · · · · · · · ·	•	
	Ste. A			-	
	Tallahassee, FL	32308		_	
ge t w	mited liability company is not organized under the law or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited lia re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	registere bility con f the limi	d office and mpany, it is ited liability	d the busing thereby congression	ess office of the registered offirmed that the change(s)
	Timothy J LeRoy	Time	othy J LeRoy		Manager
	ure of a member or authorized representative of a member			•	yped name of signee
reb	y accept the appointment as registered agent and agrons of all statutes relative to the proper and complete pations of my position as registered agent as provided by reflect a change in the registered office address, I have	ee to act performa	in this cape nce of my o	icity. I fur, lutles, and	ther agree to comply with t I am familiar with and acc

Mackenzie Hibler, Asst, Secretary

Signature of Registered Agent