1120000001059

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

Office Use Only



800374410888

10/08/21--01002--024 **25.00

7021 CT -8 PH 1:24

Y SULKER OCT 1 4 2021

COVER LETTER

TO:		tration Section ion of Corporations					
SUBJE	ECT:	Sentry Residential, LLC					
	Name of Limited Liability Company						
Dear S	ir or M	adam:					
The en	closed	Registered Agent/Registered C	office Cha	inge and	fee(s) are submitted for filing.		
Please	return .	all correspondence concerning	this matte	er to the f	ollowing:		
		Sonya L. Alexander					
		Name of Person	-		_		
		Sentry Residential, LLC					
		Firm/Company			_		
	6209 S	3rd St					
		Address					
	Tai	mpa, FL 33611					
		City/State and Zip Code	;				
	sunny	/Lalexander@gmail.com					
E	-mail a	iddress: (to be used for future a	nnual rep	ort notifi	cation)		
For fur	ther in	formation concerning this matte	er, please	call:			
Son	iya L. 7	Alexander	at (931	237-6592		
	• •	Name of Person			Area Code & Daytime Telephone Number		
	Regis Divis P.O.	stration Section sion of Corporations Box 6327 hassee, 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			□ \$5	5 Filing Fee & Certified Copy			

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.	Na	me of the limited liability company: Sentry I	Residential, LLC	
2	(a)	250 N Coast Hwy #100	(b) _	250 N Coast Hwy #100
	()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		Oceanside, CA 92054		Oceanside, CA 92054
3.		09/09/2019 Date of filing/registration in Florida		M2000001059 Document number
5.		Mike Smith		
5. (a)		Registered Agent and Registered Office shown on the record Mike Smith Registered Office Address (MUST BE FLORIDA STRE	ot, of State:	
		Seminole	.FL 33772	
(b)	(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u>	S S CO	
		NEW Registered Office Address:		
		6209 S 3rd St	. <u>-</u>	
		Tampa	, FL <u>33611</u>	F7; •
cha age wa the !!	inge ent v s/we arti ignat ignat ovisi obli	imited liability company is not organized under the or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited at the reauthorized by an affirmative vote of the member cles of organization or the operating agreement of the proper and complete of a member of a member of a member of a member of all statutes relative to the proper and compligations of my position as registered agent as provely reflect a change in the registered office address in writing of this change.	the registered of diability compares of the limited liability compares of the limited liability agree to act in the lete performance.	ffice and the business office of the registered any, it is hereby confirmed that the change(s) liability company or as otherwise provided in lity company. Daniel DeVille Printed or typed name of signce this capacity. I further agree to comply with the poffiny duties, and I am familiar with and accept
Г		ya Alexander dottoop verified 10004217.47 PM EDT VYG8 KHBT RWTQ-YYYQ		