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Division of Corporations

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T. LEMIEUX FEB - 7 2024 (((頃24000051212 3)))

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Purs subn Flor	nit.	nt to the provisions of sections 605.0114 or s the following statement in order to chang a. FLOR	605.0116, Flori ge its registered RIDA IMPOR	d office or re	egistered agent, or	ited liabili both, in	ity con the St	npany ate of
1. 1	\ar	ne of the Limited Liability Company:						
2. (a)	1149 PERIWINKLE WAY UNIT 1	ERIWINKLE W	AY UNIT	1			
·	·	Principal office address of limited liability cor (Note: MUST BE STREET ADDRESS		2	Mailing address of limit (<u>Note: MAYBE PO.</u>	•		γ.
		SANIBEL, FL 33957		SANBE	L, FL 33957			
		3/13/2020		M2000	0002988			
3.		Date of filing/registration in Florida	a 4.		Document number			
5. ((a)	SPENSERV, INC. Registered Agent and Registered Office shown on the	records of the Flori	ide Dent of State	- •			
			records or the Flori	на гера и зап	•			
		201 N FRANKLIN ST STE 2150 Registered Office Address (MUST BE FLORIDA	STREET ADDRE	353	-			
		•						
		TAMPA	, FL_ 336	02				
a	6)	Capitol Corporate Services, Inc.						
	,	Enter name of NEW Registered Agent and/or NEW	Registered Office	address:	•	(<u>)</u>	20.	
		5.55 .5				Ξ	2024 FEB	
		515 East Park Avenue 2nd Fl NEW Registered Office Address:		···	-	A	E	Ħ
		······································				AHAS	9-	
			· 		-	ETHRY OF S	PH	П
		Tallahassee	FL 323	01		σ,	က်	
the cagen	ha it v w	imited liability company is not organized undinge or changes are made, the Florida street a will be identical. Or, in the case of a Florida cre authorized by an affirmative vote of the modes of organization or the operating agreement of the operating agreement.	ler the laws of the re- limited liability nembers of the li	he State of Flo gistered office company, it is imited liability	e and the business of shereby confirmed y company or as of ipany.	office of th that the cl	te regi:	stered (s)
•		ture of a member or authorized representative of a mem			Printed or typed name	•	_	
I he prov the c to m notij	rei isi obl ere iee	by accept the appointment as registered agen ons of all statutes relative to the proper and igations of my position as registered agent a ly reflect a change in the registered office at in writing of this change.					oly wit i and a being has be	h the accept filed en
Sign	atu	re of Registered Agent			nt Secretary on rate Services, I			
	-	Division of Corporation		•		110.		
			ILING FEE: S2		NOU, I II II II II			

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