## M20000009147

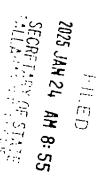
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
J.DEMIS					
01.24.25					

Office Use Only



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2025 JAN 24 PM 12: 47





115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088 If there are any issues please contact Patrice at 850-202-9071

Date:	01/24/2025						
	Cheyanne Davis						
Reference #	2631375						
		LDING CLEARWATER LLC					
☐ Article	es of Incorporation/Authorizatio	n to Transact Business					
☐ Amer	ndment						
✓ Chan	✓ Change of Agent						
☐ Reinstatement							
☐ Conv	ersion						
☐ Merger							
Disso	☐ Dissolution/Withdrawal						
☐ Fictitious Name							
Other							
Authorized A	Amount: \$35.00						
Signature:	Ohyma Paine						

## Light to the second

TO: Registration Section

## **COVER LETTER**

	Division of Corporations						
CHIDIE	THUNDERE	BIRD MO	OLDING	CLEARW	ATER LLC		
SUDJE	SJECT: THUNDERBIRD MOLDING CLEARWATER LLC  Name of Limited Liability Company						
Dear Si	ir or Madam:						
The en	closed Registered Agent/Registered Off	ice Char	nge and	fee(s) are	submitted for filing.		
Please	return all correspondence concerning th	is matte	r to the f	following:			
	Name of Person			_			
	Cogency Global Inc.						
	Firm/Company			_			
	115 N. Calhoun Street, Suite	4					
	Address						
	Tallahassee, FL 32301			_			
	City/State and Zip Code						
E	jb@jenniferbauer.legal -mail address: (to be used for future ann	ual repo	ort notifi	cation)			
For fur	ther information concerning this matter,	please	call:				
	Tony <b>M</b> ackay	at (	877	)	374-6186		
•	Name of Person			Area Co	de & Daytime Telephone Number		
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314					
	Tallahassee, Florida 32301  Enclosed is a check for the following	amoun	t:				
	⊠ \$25 Filing Fee			5 Filing F	ee & Certified Copy		
INHS18	3 (2/14)						

## 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.

l.	Na	me of the limited liability company:	UNDE	KBIRD MC	DEDING CLEARWATER LLC
2. (	a) .	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  2050 Sunnydale Blvd		b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
				900 Commerce Drive, Suite 150	
		Clearwater, FL 33765	_		Oak Brook, IL 60523
		10/07 <i>/</i> 2020			M20000009147
3.		Date of filing/registration in Florida	4.		Document number
5. (	(a)	Registered Agent and Registered Office shown on the records of the			_ <del>_</del>
	` ,	Registered Agent and Registered Office shown on the records of the	tale:		
		Registered Office Address (MUST BE FLORIDA STREET A	<b>200</b>		
		1201 HAYS ST	25 J		
		TALLAHASSEE , FL_		32301	JAN 24 AM 8: CRETARY OF ST
(	b)	Cogency Global Inc.			
`	υ,	Enter name of NEW Registered Agent and/or NEW Registered Office address:			<b>查查 切</b>
		115 North Calhoun Street, Suite 4			e de
		NEW Registered Office Address:			
		Tallahassee , FL			— <del>-</del>
the age	cha nt v /we	mited liability company is not organized under the law nge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liatere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	's of th the reg bility f the li	e State of sistered off company, mited liab	it is hereby confirmed that the change(s) it is hereby confirmed that the change(s) ility company or as otherwise provided in
		/S/ BLAKE PRUNSKY			BLAKE PRUNSKY
	_	ture of a member or authorized representative of a member			Printed or typed name of signee
prothe to moti	visi obl iere fied W	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address. I have the property of this change.    The figure of Registered Agent   The property of the pro	ee to a perfor I for ir sereby	ct in this c mance of n Chapter t confirm th	apacity. I further agree to comply with the ny duties, and I am familiar with and accept D5, F.S. Or, if this document is being filed at the limited liability company has been

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