# M2000009722

(Re	questor's Name)
	dress)
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PICK-UP	WAIT MAIL
	siness Entity Name)
	ocument Number)
tified Copies	Certificates of Status
Special Instructions to Film	ng Officer.
	Office Use Only



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A. BUTLER

NOV 2 4 2022

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

**د** ب

			ACCOUNT	NO. :	: 3	120000000	01.95	
			REFER	ENCE :	: :	129812	836635	5
			AUTHORIZA	TION 🤅	- A	net ele	nan	
			COST L	IMIT :	$: \mathcal{O}_{2}$	\$-25.00		
ORDER	DATE	:	November 10	, 2022				
ORDER	TIME	:	8:45 AM					

• .

- ORDER NO. : 129812-050
- CUSTOMER NO: 8366355

### CHANGE OF AGENT

NAME: RESIDENT ADVOCATE LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPYXXPLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland

EXAMINER'S INITIALS:

## COVER LETTER

.

TO: Registration Section Division of Corporations

Resident Advocate, LLC

SUBJECT:

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:

Name of Person

Firm/Company

Address

City/State and Zip Code

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

at (\_

For further information concerning this matter, please call:

Name of Person

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Area Code & Daytime Telephone Number

# 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

# 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.

Principal office address of limited liability company:	(b)	• · · · · · · · · · · · · · · · · · · ·
( <u>Note: MUST BE STREET ADDRESS</u> )		Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)
4620 Woodland Corporate Boulevard		
Tampa, FL 33614		
0/29/2020	M2	2000009722
Date of filing/registration in Florida	4.	Document number
Northwest Registered Agent LLC		
egistered Agent and Registered Office shown on the records of	the Florida De	pt. of State:
		. 20
egistered Office Address (MUST BE FLORIDA STREET	ADDRESS)	22
7901 4th St N		2022 NOV 2
St. Petersburg	33702	. · · · · · · · · · · · · · · · · · · ·
, FL		
nter name of NEW Registered Agent and/or NEW Registered	Office addres	<u>s</u> 02
Corporation Service Company		
EW Registered Office Address:		
201 Hays Street		
allahassee	32301	
	#620 Woodland Corporate Boulevard   Fampa, FL 33614   0/29/2020   Date of filing/registration in Florida   lorthwest Registered Agent LLC   registered Agent and Registered Office shown on the records of   egistered Office Address (MUST BE FLORIDA STREET)   '901 4th St N   St. Petersburg , FL   eter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> Corporation Service Company   EW Registered Office Address:   201 Hays Street	1620 Woodland Corporate Boulevard   Fampa, FL 33614   0/29/2020 M2   Date of filing/registration in Florida 4.   lorthwest Registered Agent LLC   registered Agent and Registered Office shown on the records of the Florida De   registered Office Address (MUST BE FLORIDA STREET ADDRESS)   '901 4th St N   St. Petersburg , FL   ster name of <u>NEW Registered Agent and/or NEW Registered Office address</u> Corporation Service Company   EW Registered Office Address:   201 Hays Street

Signature of a member or authorized representative of a member

Printed or typed name of signee

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.

acception Wind, A.V.P.

Signature of Registered Agent

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