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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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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.

1. N	lame of the limited liability company: HAPPY'S	S CAPTAII	N LLC	
2. (a)	2393 VERMONT	_(b) 2393	(b) 2393 VERMONT	
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	TROY, MI 48083	TROY	, MI 48083	
	12/01/20	M2000	00011169	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	, JEFFREY MCCAFFREY			
(II.	Registered Agent and Registered Office shown on the records of	f the Florida Dept, of S	tate:	
1075 DUVAL ST Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				
	KEY WEST	_{1.} 33040	— <u>\$.</u> 00 -4 3-72	
	Registered Agents Inc.	1	FIL APR 22	
(b)				
Community Design and Assert and Assert Property of Office addresses				
	7901 4th St N		MI IP: 07	
	NEW Registered Office Address:		- Pc	
	STE 300			
	St. Petersburg	_{1.} 33702		
the chagent was/w	limited liability company is not organized under the lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited layere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	nws of the State of of the registered off liability company, i of the limited liabi e limited liability c	ice and the business office of the registered it is hereby confirmed that the change(s) lity company or as otherwise provided in	
	luy tak	Riley Park	Printed or typed name of signee	
	lature of a member or authorized representative of a member			
provi: the ob to me:	eby accept the appointment as registered agent and ag sions of all statutes relative to the proper and complet oligations of my position as registered agent as provid rely reflect a change in the registered office address, led to writing of this change. Bill Havre - Assista	e performance of n led for in Chapter 6 I hereby confirm th	apacity. I further agree to compty with the try duties, and I am familiar with and accept 05, F.S. Or, if this document is being filed at the limited liability company has been	
Signat	ture of Registered Agent	nt Secretary		