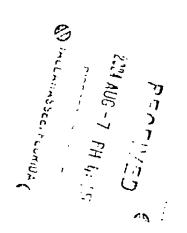
M21000012502

(F	Requestor's Name)	
(A	Address)	
(A	Address)	
(0	City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
_		_
(E	Business Entity Name)	
([Document Number)	
Certified Copies	Certificates of Str	otue
Centified Copies	Centificates of St	atus
Special Instructions to F	iling Officer:	

Office Use Only



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AB



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

Account#: I20000000088

For any issues please contact
Cheyanne Davis
(850) 202-1882

Date:	08/07/2024	(850) 202-1882			
	Cheyanne Davis				
Reference #	_{#:2407135}				
		OOD APARTMENTS LLC			
☐ Artic	les of Incorporation/Author	rization to Transact Business			
Ame	ndment				
☐ Rein	statement				
Conv	☐ Conversion				
☐ Merg	ger				
☐ Dissolution/Withdrawal					
☐ Fictit	ious Name				
☐ Othe	er	 			
Authorized .	Amount: \$25.0	0			
Signature:	Chaymet Ra-				

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

Name of the limited liability company:			APPLEWOOD APARTMENTS LLC		
2. (a)		(1	b)		
` ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ `	1	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	No Change	_		No Change	
		_		•	
	9/22/2021			M21000012502	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)	Oliver, Kent				
()	Registered Agent and Registered Office shown on the records of t	he Florid	a Dept. of State	- #: ,	
				-	
	Registered Office Address (MUST BE FLORIDA STREET A	gistered Office Address (MUST BE FLORIDA STREET ADDRESS)			
	4749 S Washington Ave Ste 100			, -	
	Titusville, FI.		32780		
<i>(</i> 1.5	Cogency Global Inc				
(b)	Cogency Global Inc. Enter name of NEW Registered Agent and/or NEW Registered	Office ac	idress:	·	
	115 North Calhoun Street, Suite 4	,		_	
	NEW Registered Office Address:				
				-	
	, FL_	;	32301		
the ch agent was/w	limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia were authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	the regibility c f the lir	istered office ompany, it is nited liabilit	e and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in	
	/s/ Kent Oliver			Kent Oliver	
Sign	ature of a member or authorized representative of a member			Printed or typed name of signee	
provis the ob to mer	eby accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address, I had in writing of this change.	ee to ac perforn I for in nereby c	et in this cap hance of my Chapter 605 confirm that	acity. I further agree to comply with the duties, and I am familiar with and accept i. F.S. Or, if this document is being filed the limited liability company has been	

/s/ Michael Carlisle

Signature of Registered Agent Michael Carlisle, Assistant Secretary

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