10/23/24, 8:32 AM

Division of Corporations Electronic Filing Cover Sheet

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(((H240003532313)))



H240003532313ABCX

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274

Fax Number : (888)706-7274

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:		
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LLC REGISTERED AGENT CHANGE RESPARK WYNWOOD BAY, LLC

Certificate of Status	0
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Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help

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COVER LETTER

_	istration Section ision of Corporations					
SUBJECT:	Respark Wynwood Bay, LL	C				
	Name of Limited Liability Company					
Dear Sir or	Madam:					
The enclose	d Registered Agent/Registere	ed Office Chang	ge and	fee(s) are submitted for filing.		
Please return	n all correspondence concern	ing this matter	to the f	following:		
Mary Castill	lo					
~ · · · · · · · · · · · · · · · · · · ·	Name of Person					
Registered A	gent Solutions, Inc.					
	Firm/Company		•			
Corporate Co	enter One, 5301 Southwest Pkw	y. Ste 400		_		
	Address					
Austin, TX 7	28735					
	City/State and Zip C	ode		_		
E-mail	address: (to be used for futu	re annual repor	t notifi	cation)		
For further i	nformation concerning this n	natter, please ca	ıll:			
Mary Castill	ło	88 at (8	705-7274)_		
	Name of Person			Area Code & Daytime Telephone Number		
	iling Address: gistration Section			Street Address: Registration Section		
	ision of Corporations			Division of Corporations		
	Box 6327			The Centre of Tallahassee		
Tall	lahassee, FL 32314			2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
Enc	losed is a check for the follo	owing amount:	:			
□ s	25 Filing Fee		□ \$5	5 Filing Fee & Certified Copy		

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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. Na	ame of the limited liability company: Respark Wynwo	ood Ba	ıy, L	LC						
2. (a)	2641 NE 33RD STREET		(b)	2641 NE 33RD	STREET					
2. (4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)						
	FORT LAUDERDALE, FL 33306			FORT LAUDER	(DALE, FL 3	3306				
	10/21/2021		N	И21000013968						
3.5. (a)	Date of filing/registration in Florida CORPORATION SERVICE COMPANY	4.		Docu	iment numbe	er				
J. (u)	Registered Agent and Registered Office shown on the records of 1201 HAYS STREET			Dept. of State:						
	Registered Office Address (MUST BE FLORIDA STREET)	<u>ADDRI</u>	(33)		;	TALLAHASSE	2024 OCT 23 AM 11: 36	\neg		
	TALLAHASSEE , FL	3230	1			HAS	CT 2%	FILE		
(b)	Registered Agent Solutions, Inc.					SEE.	3 4	П		
	Enter name of NEW Registered Agent and/or NEW Registered Office address:					SEE, FLORIDA	: :3	O		
	2894 Remington Green Ln.					IOA Nor	· 5			
	NEW Registered Office Address:									
	Ste. A									
	Tallahassee FL	3230	8							
change agent v was/we	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia- ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	regist ability of the l limite	ered con imit d lia	l office and the l npany, it is herel ed liability com ibility company.	business offi by confirment pany or as o	ice of the distribution of the the distribution of the distributio	ne regist he chang	ered ge(s)		
181	Benjamin Jones ture of a member or authorized representative of a member	B	enja	amin Jones		nager				
I herei provisi the obl to mere	by accept the appointment as registered agent and agrows of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I if I in writing of this change. Mackenzie Hibler, Asst, Secre	perfor d for u hereby	mai	n this capacity, ice of my duties.	, and I am to	ree to c imiliar	comply v with an	d accept		

Signature of Registered Agent