23-0ct-2024 09:20

10/23/24, 8:14 AM Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H240003532113)))



H240003532113ABCV

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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:		 	

LLC REGISTERED AGENT CHANGE RESPARK BUNGALOW OAKS, LLC

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

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Corporate Filing Menu

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COVER LETTER

	gistration Section vision of Corporations		
SUBJECT	Respark Bungalow Oaks, LLC		
G(DULC)		ame of Limited	Liability Company
Dear Sir o	r Madam:		
The enclos	sed Registered Agent/Registered C	office Change a	nd fee(s) are submitted for filing.
Please retu	irn all correspondence concerning	this matter to th	ne following:
Mary Casi	tillo		
	Name of Person		
Registered	Agent Solutions, Inc.		
	Firm/Company		
Corporate (Center Onc. 5301 Southwest Pkwy. St	e 400	
	Address		
Austin, TX	78735		
	City/State and Zip Code		
E-ma	nil address: (to be used for future a	nnual report no	tification)
For further	r information concerning this matte	er, please call:	
Mary Cast	tillo	888 at (705-7274
	Name of Person		Area Code & Daytime Telephone Number
Re Di P.	ailing Address: egistration Section avision of Corporations O. Box 6327 allahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Er	aclosed is a check for the following	ng amount:	
۵	\$25 Filing Fee	٥	\$55 Filing Fee & Certified Copy
INHS18 (2/	(14)		

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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.

(a)	13418 DOTTIE DRIVE	(b) ²⁶	41 NE 33RD ST	TREET		
, u.)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	TAMPA. FL 33617	FT.	. LAUDERDAI	LE, FL 33306		
	11/4/2021	M21	000014727			
	Date of filing/registration in Florida	4.	Docum	Document number		
(b) .	CORPORATION SERVICE COMPANY					
	Registered Agent and Registered Office shown on the records of 1201 HAYS STREET	, of State:	<u>-</u> ' rs			
	Registered Office Address (MUST BE FLORIDA STREET)		IT IL. I			
	TALLAHASSEE FL	32301-2525		1 23 ASSE		
	Registered Agent Solutions, Inc. Enter name of NEW Registered Agent and/or NEW Registered Office address:			그 - 및의 구 - 11		
	2894 Remington Green Ln.		1 1:58 CIALE LORIDA			
	NEW Registered Office Address:					
	Ste. A					
	Tallahassee , FI.	32308				
inge ent v s/we	imited liability company is not organized under the lay or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited litere authorized by an affirmative vote of the members coles of organization or the operating agreement of the	registered of ability compains of the limited	fice and the buny, it is hereby liability compa	usiness office of the registered y confirmed that the change(s)		
	Benjamin Jones	Benjamii	า Jones	Manager		
ignal	ture of a member or authorized representative of a member		Printed	or typed name of signee		

to merely reflect a change in the registered office address. Thereby confirm that the limited liability company has been notified in writing of this change.

Mackenzie Hibler, Asst, Secretary Signature of Registered Agent