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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (954)208-0845 Fax Number : (614)573-3996

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

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LLC REGISTERED AGENT CHANGE LFRC OCALA LLC

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Help

From: David Thomas

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, Florido 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	me of the limited liability company: LFRC OCALA L	LC				
2. (a)	1270 N. EGLIN PARKWAY, SUITE C-14		(b) 1270 N. EGLIN PARKWAY, SUITE C-14			
,,	Principal office address of limited liability company: (Nine: MUST BE STREET ADDRESS)	`		Mailing address of linuted liability company: (Note: MAY BE POST OF FICE BOX)		
	SHALIMAR, FL 32579	SHALIMA	LIMAR. FL 32579			
	12/02/2021		M21000016	163		
3.	Date of filing/registration in Florida	4.		Document number		
5. (a)				_		
	Registered Agent and Registered Office shown on the records of 2894 REMINGTON GREEN LANE	e:				
	Registered Office Address (MUST BE FLORIDA STREET). SUITE A	-				
	TALLAHASSEE , FL	32308		202		
41.5	C T Corporation System			2023 MAY 1 2		
(b)	Enter name of NEW Registered Agent and/or NEW Registered	12 PH				
	NEW Registered Office Address:	-		- - - - -		
	1200 South Pine Island Road	07				
	Plantation, FI.	33324		_		
signar I herei provisi the oblition merei notified By:	imited liability company is not organized under the law nge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liable reauthorized by an affirmative vote of the members of cless of organization or the operating agreement of the formation of the appointment as registered agent and agreement 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. If in writing of this change. C T Corporation System Eric Jente of Registered Agent	the reg ability of the li limited Ry ee to a perform d for in hereby	istered office company, it is nited liability liability con an Weaver	e and the business office of the registered is hereby confirmed that the change(s) y company or as otherwise provided in apany. Printed or typed name of signee activ. I further agree to comply with the duties, and I am familiar with and accept is F.S. Or, if this document is being filed the limited hability company has been		