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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 : (813)436-5206 Fax Number

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## LLC REGISTERED AGENT CHANGE 1751 DECKNER LLC

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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.

L Na	ame of the limited liability company: 1751 DECKNER	RLLC		
2. (a)	7901 4th St N STE 300		901 4th St N STE 300	
(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)	r:
	St. Petersburg, FL 33702	SI 	t. Petersburg, FL 33702	
	10/19/2022	— — М2	2000016083	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	REGISTERED AGENT SOLUTIONS, INC.			
, (a)	Registered Agent and Registered Office shown on the records of 2894 REMINGTON GREEN LANE	the Florida Dep	pt. of State:	
	Registered Office Address (MUST BE FLORIDA STREET) SUITE A	ADDRESS)		
	TALLAHASSEE	32308		
(b)	NORTHWEST REGISTERED AGENT LLC  Enter name of NEW Registered Agent and/or NEW Registered Office address:  7901 4TH ST N  NEW Registered Office Address:		<u>w</u> :	
	STE 300		.?	
	ST. PETERSBURG, FI	33702		
thange agent v was/we he arti	imited liability company is not organized under the lave or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited like authorized by an affirmative vote of the members of these of organization or the operating agreement of the	registered on ability comparts the limited	office and the business office of the registered any, it is hereby confirmed that the change(s I liability company or as otherwise provided	d 5)
<u>/ :/</u>	ture of a member of authorized representative of a member	Nat Sm		
I here provisi the obl to mer	ture of a member of authorized representative of a member by accept the appointment as registered agent and agr ions of all statutes relative to the proper and complete ligations of my position as registered agent as provides ely reflect a change in the registered office address, I i d in writing of this change.	ee to act in t performance d for in Chaj hereby confi	Printed or typed name of signee this capacity. I further agree to comply with e of my duties, and I am familiar with and ac pter 605, F.S. Or, if this document is being f rm that the limited liability company has bee	the cept filed en