

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000407504 3)))



H230004075043ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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.\*\*

Fmail	Address:			
CINGTT	AUGITESS:			

## LLC REGISTERED AGENT CHANGE CONIFER DEVELOPMENT, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

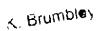


Electronic Filing Menu

Corporate Filing Menu

Help

NOV 3 0 2023



## **COVER LETTER**

TO: Registration Section Division of Corporations	
Conifer Development, LLC SUBJECT:	
Name o	f Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office (	Change and fee(s) are submitted for filing.
Please return all correspondence concerning this ma	atter to the following:
Lori Whalen	
Name of Person	
Registered Agent Solutions, Inc.	
Firm/Company	
Corporate Center One, 5301 Southwest Pkwy, Ste 400	
Address	<del></del>
Austin, TX 78735	
City/State and Zip Code	
E-mail address: (to be used for future annual r	eport notification)
For further information concerning this matter, plea	ise call:
Lori Whalen	888 705-7274
Name of Person	Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following amo	ount:
S25 Filing Fee	☐ \$55 Filing Fee & Certified Copy
INHS18 (2/14)	

## H23000407504 3

## 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:	ment,	LLC			
2. (a)	Principal office address of limited liability company: (Nate: MUST BE STREET ADDRESS) SUITE 500		(b)			
			Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)  SUITE 500			
	ROCHESTER, NY 14607	_				
		12/5/2022		M220000	18675	
3.	Date of filing/registration in Florida	4,	<del></del> -	Document number		
5. (a)	TRAC - THE REGISTERED AGENT COMPANY					
(,	Registered Agent and Registered Office shown on the records of	the Flori	ida Dept. of Sta	nte:		
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRE	<u>SS)</u>	_		
	236 E. 6TH AVENUE					
	TALLAHASSEE	32303		_		
	, FL	·		- 29		
(b)	Registered Agent Solutions, Inc.			2023 NOV 29		
	Enter name of NEW Registered Agent and/or NEW Registered Office address:			- V V V V V V V V V V V V V V V V V V V		
	2894 Remington Green Ln.	And the same				
	NEW Registered Office Address:	- PH 12				
	Ste. A		1 12: 40			
	Tallahassee, FL	32308	i	_		
change agent w was/we	imited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lia- are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	registe ability of the li	red office ar company, it i mited liabilit	nd the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in		
Ist	Jaclyn Wright	Ja	clyn Wright	Authorized Person		
	ture of a member or authorized representative of a member	<del></del>	<del></del>	Printed or typed name of signee		
provisio The obli To mere Totified	by accept the appointment as registered agent and agri- ons of all statutes relative to the proper and complete j igations of my position as registered agent as provided by reflect a change in the registered office address. I have	nerforn	nance of my	duties and Lam Inmiliar with and account		
	Mackenzie Hibler, Asst. Secret	tary				
Signatur	re of Registered Agent					