Florida Department of State Physical Corporations Electronic Filing Cover Sheet

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.

(((H23000407583 3)))



H230004075833ABC%

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.

ress:					
	ess:	'ess:	'ess:	`ess:	'ess:

LLC REGISTERED AGENT CHANGE CONIFER REALTY, LLC

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

2023 NOV 29 PM 12: 23

APPROVED FILED

Electronic Filing Menu

Corporate Filing Menu

Help

NOV 30 2023

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT:	
Name of Li	mited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Cha	nge and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	er to the following:
Lori Whalen	
Name of Person	
Registered Agent Solutions, Inc.	
Firm/Company	
Corporate Center One, 5301 Southwest Pkwy, Ste 400	
Address	
Austin, TX 78735	
City/State and Zip Code	
E-mail address: (to be used for future annual repo	ort notification)
For further information concerning this matter, please of	call:
Lori Whalen 8	188 705-7274
Name of Person	Area Code & Daytime Telephone Number
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following amount	1 :
□ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy

H23000407583 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. N	ame of the limited liability company: Conifer Realty,	LLC			
2. (a)	1000 UNIVERSITY AVENUE	(b) 1000 UNI	(b) 1000 UNIVERSITY AVENUE		
<u> </u>	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		ailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	SUITE 500	SUITE 500)		
	ROCHESTER, NY 14607	ROCHEST	FER, NY 14607		
	12/5/2022	M22000018	677		
3.	Date of filing/registration in Florida	4. I	Document number		
5. (a)	TRAC - THE REGISTERED AGENT COM	PANY			
J. (u)	Registered Agent and Registered Office shown on the records of	the Florida Dept. of State:			
	Registered Office Address 236 E. 6TH AVENUE	ADDRESS)			
	TALLAHASSEE , FL	32303	2023		
(b)	Registered Agent Solutions, Inc.		2023 NOV 29		
	Enter name of NEW Registered Agent and/or NEW Registered	Office address:			
	2894 Remington Green Ln.		PH 12:		
	NEW Registered Office Address:		23		
	Ste. A		_		
	Tallahassee, FL	32308			
change agent v 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 ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	registered office and bility company, it is l f the limited liability	the business office of the registered nereby confirmed that the change(s) company or as otherwise provided in		
/s/	Jaclyn Wright	Jadyn Wright	Authorized Person		
Signat	ture of a member or authorized representative of a member	i	rinted or typed name of signee		
provisi the obl to mere notified	by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provided the reflect a change in the registered office address, I have the change of this change. Mackenzie Hibler, Asst. Secret	performance of my du I for in Chapter 605, i ereby confirm that th	ity. I further agree to comply with the ties, and I am familiar with and accept F.S. Or, if this document is being filed e limited liability company has been		