Division of Corporations

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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 Fax Number : (813)436-5206

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## LLC REGISTERED AGENT CHANGE 1129 VAN BRUNT LLC

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11/6/2023 07:01:17 PST To: 18506176383 Page: 2/2 From: Registered Agents Inc Fax: 8134365206

## 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: 1129 Var	n Brunt LLC					
2. (a)			(b)		_		
	Principal office address of limited liability comp (Note: MUST BE STREET ADDRESS)	panyt		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
			_				
	12/29/22		M230	000000029			
3.	Date of filing/registration in Florida	•	4.	Documen	it number		
5. (a)	NRAI SERVICES, INC.						
	Registered Agent and Registered Office shown on the re	ecords of the f	lorida Dept.	of State:			
	1200 SOUTH PINE ISLAND ROAD						
	Registered Office Address (MUST BE FLORIDA S	STREET ADD	RESS)				
	PLANTATION	, FL_333	324			202	
(b)	Northwest Registered Agent ŁLC					7023 HOV	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW R</u>	legistered Off	ce address:			9-	
	7901 4th St N					AK	
	NEW Registered Office Address:				٠.	7.5	
	STE 300				·	9.	
	St. Petersburg	FL	02				
he cha igent v vas/w	imited liability company is not organized unde ange or changes are made, the Florida street ad- will be identical. Or, in the case of a Florida li- ere authorized by an affirmative vote of the me- icles of organization or the operating agreemen	ldress of the mited liabil embers of th	registered ity compar e limited l	I office and the b ny, it is hereby c liability company	ousiness off onfirmed th	ice of the	he registere change(s)
	ATATI GOMESTES		Nat Smith				
Signa	ture of a member or authorized representative of a memb	eci .		Printed or	typed name of	Signee	
provisi he obi to mer	by accept the appointment as registered agent ions of all statutes relative to the proper and co ligations of my position as registered agent as ely reflect a change in the registered office add d in writing of this change.	and agree ( omplete per provided fö dress, I hero	o act in th formance r in Chapt chy confirr	nis capacity. I fu of my duties, and ter 605, F.S. Or, in that the limited	rther agree I I am famil if this doci I liability co	to con liar wit ument i ompany	iply with the th and accep is being filed y has been
- /V-	Taylor Newman - Ass	sistant Secre	tarv				

Signature of Registered Agent