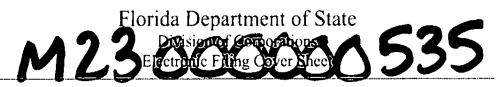
Division of Corporations



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.

(((H24000352796 3)))



H240003527953ABC5

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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

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(*	Ent	er	the	email	address	for	this	busin	ess	entity	to	be	used	for	future
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mail	Address:	
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LLC REGISTERED AGENT CHANGE 4160 NW 21ST, LLC

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OCT 3 6 2024 K Brumble

COVER LETTER

	istration Section · · · · · · · · · · · · · · · · · · ·		·
SUBJECT:	4160 NW 21st, LLC		
30202011		Name of Limited	Liability Company
Dear Sir or I	Madam:		
The enclosed	d Registered Agent/Registered	Office Change at	nd fee(s) are submitted for filing.
Please return	n all correspondence concernir	ng this matter to th	e following:
Mary Castill	o		
	Name of Person		_
Registered A	gent Solutions, Inc.		
	Firm/Company		
Corporate Ce	enter One, 5301 Southwest Pkwy,	Ste 400	
	Address		
Austin, TX 7	8735		
	City/State and Zip Co	de	
E-mail	address: (to be used for future	annual report not	ification)
For further in	nformation concerning this ma	itter, please call:	
Mary Castillo	o	888 at (705-7274
	Name of Person	- 	Area Code & Daytime Telephone Number
Reg Divi P.O.	istration Section ision of Corporations Box 6327 ahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Encl	losed is a check for the follow	ving amount:	
□ \$3	25 Filing Fee	Q	\$55 Filing Fee & Certified Copy
INHS18 (2/14	!)		

H24000352796 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.

(a)	364 GULF ROAD		(b) 2641 NE 33RD STREET				
,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
	KEY BISCAYNE, FL 33149	FORT LAUDERDALE, FL.					
	1/13/2023		M23000000535				
	Date of filing/registration in Florida	<u>'</u>	Document numb				
(a)	CORPORATION SERVICE COMPANY	ч.	1.XX ament hamo	ici			
	Registered Agent and Registered Office shown on the records 1201 HAYS STREET Registered Office Address (MUST BE FLORIDA STREET)						
	TALLAHASSEE	FL_32301		%			
		1 1		2-33 73			
h)	Registered Agent Solutions, Inc.	1 L		ALCACI ALLAM			
(b)			ress:	FILI MAZH OCT 29 SLORLI ARASS			
h)	Registered Agent Solutions, Inc.		<u>ress</u> :				
h)	Registered Agent Solutions, Inc. Enter name of NEW Registered Agent and/or NEW Registered		<u>ress</u> :	PH 2: COF STA			
h)	Registered Agent Solutions, Inc. Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> . 2894 Remington Green Ln.		<u>ress</u> :				

8 Benjamin Jones	Benjamin Jones	Manager
Signature of a member or authorized representative of a member	Pr	inted or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Manky dil Mackenzie Hibler, Asst. Secretary Signature of Registered Agent