Division of Corporations

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Division of Corporations

Fax Number ; (950)617-6383

From

Account Name : REGISTERED AGENTS INC.

Account Number : 120090020081 Phone : (387)286-2863 Fax Number : (813)436-5206

> \*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

## LLC REGISTERED AGENT CHANGE BOREALIS PROPERTY SOLUTIONS, LLC

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K. SALY JUL 15 2024 7/12/2024 12 36:11 PDT • To: 18506176383 Page: 2/2 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 Standes, the undersigned limited hability 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:	Solutions, LLC	
2. (a)		(b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	09/01/23	M230	000011897
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	NCH REGISTERED AGENT		
. (**)	Registered Agent and Registered Office shown on the records of	the Florida Dept	of State.
	390 NORTH ORANGE AVE., STE.2300-N		
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)	
	ORLANDO FL	32801	
(b)	Northwest Registered Agent LLC		
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office address:	Strict to Strict
	7901 4th St N		·
	NEW Registered Office Address:		<del></del>
	STE 300		
	St. Petersburg, FL	33702	
the chagent was/w the art	limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited likere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the registered ability compa of the limited	d office and the business office of the registered ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in
	MAN GRANTAN  sture of a member or authorized representative of a member	Nat Smith	
			Printed or typed name of signee
provis the oh to mer	by accept the appointment as registered agent and agi ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide why reflect a change in the registered office address, I i d in writing of this change.	vee to act in the performance of for in Chap hereby confirmation.	ils capacity. I further agree to comply with the of my duties, and I am familiar with and accept ter 605, F.S. Or, if this document is being filed m that the limited liability company has been
r / レ^-	Taylor Newman - Assistant Se	ecretary	

Signature of Registered Agent