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	(Re	questor's Name)	
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	(, to	uicus,	
	(Cit	y/State/Zip/Phon	e #)
F	PICK-UP	☐ WAIT	MAIL
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Certified Copi	es	_ Certificate	s of Status
Special Inst	ructions to	Filing Officer.	
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FILED

RECEIVED

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 479161

AUTHORIZATION :

COST LIMIT : \$ 25.0

ORDER DATE : May 29, 2024

ORDER TIME : 12:54 PM

ORDER NO. : 479161-019

CUSTOMER NO: 8451793

CHANGE OF AGENT

NAME: AUTUMN ENTERPRISES, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Shauna Godbolt

EXAMINER'S INITIALS:

W. Committee

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: AUTUMN E	ENTERPRISES, LLO	
2. (<u>a</u>)	2851 S. Parker Road Ste. 1100 (b) 2851 S.		1 S. Parker Road Ste. 1100
. \=	Principal office address of limited liability company (Note: MUST BE STREET (DDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Aurora, CO 80014	Auro	ora, CO 80014
			
- =			00015238
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	Registered Agent and Registered Office shown on the recor		
		ds of the Florida Dept. c	of State:
	BUSINESS FILINGS INCORPORATED		
	Registered Office Address (MUST BE FLORIDA STR.	EET ADDRESS)	
	1200 South Pine Island Road		
	Plantation	FL	1024 ALL
			2024 JUN 10
(b)	Enter name of NEW Registered Agent and/or NEW Registered	tared Office uddrass	JN 10 AM 11: 33
		dependent and the second	
	Corporation Service Company		PFE D
	NEW Registered Office Address:		RED 33
	1201 Hays Street		
	Tallahassee	.FL 32301	
If the li	imited liability company is not organized under the or changes are made, the Florida street address or	e laws of the State of	of Florida, it is hereby confirmed that after the and the business of the audit and
agent v was/wc	vill be identical. Or, in the case of a Florida limite authorized by an affirmative vote of the memb cles of organization or the operating agreement of	ed liability company ers of the limited lia	that the change(s) it is hereby confirmed that the change(s) ability company or as otherwise provided in
/S/ JILL	·	•	I, AUTHORIZED PERSON
Signat	ture of a member or authorized representative of a member		Printed or typed name of signee
provision the obli to merc	by accept the appointment as registered agent and ons of all statutes relative to the proper and comp igations of my position as registered agent as pro Ity reflect a change in the registered office addres I'm writing of this change.	l agree to act in this lefe performance of vided for in Chapter s. I hereby confirm	capacity. I further agree to comply with the my duties, and I am familiar with and acce 605, F.S. Or, if this document is being file that the limited liability company has been
	ace Cokubi.		