Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 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.

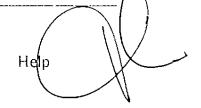
Email	Address:			

REGISTERED AGENT CHANGE LATITUDE 18, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu



STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of the corporation: LATITUDE 18, INC.	
2. The principal office address:	
3. The mailing address (if different):	
4. Date of incorporation/qualification: 05/12/03 Document number: P03000055365	
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)	
NRAI SERVICES, INC.	
1200 SOUTH PINE ISLAND RD 2023	
PLANTATION, FL 33324	
1200 SOUTH PINE ISLAND RD PLANTATION, FL 33324 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Registered Agents Inc	
Registered Agents Inc	
7901 4th St N STE 300	
P.O. Box. NOT acceptable St. Petersburg FL 33702	
The street address of its registered office and the street address of the business office of its registered as changed will be identical.	d agent,
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.	
Robin Jones, Incorporator Signature of an officer or director Printed or typed name and title	
l 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 perfe of my duties, and I am familiar with and accept the obligation of my position as registered agent. O document is being filed merely to reflect a change in the registered office address. I hereby confirm corporation has been notified in writing of this change.	ormance r, if this that the
Divid Coeffs November 1st, 2023	
Signature of Registered Agent Date	
If signing on behalf of an entity:	
David Roberts	
Typed or Printed Name	