Name and Address of Current Registered Agent:				
NOVEMBER, JOHN 2029 THIRD STREET N JACKSONVILLE BEACH , FL 32250 US				
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.				
SIGNATURE	: JOHN NOVEMBER			03/01/2023
	Electronic Signature of Registered Ag	lent		Date
Authorized	Person(s) Detail :			
Title	MGR	Title	AUTHORIZED REPRESENTATI	νE
Name	GOELZ, JOHN H	Name	GOELZ, LARKIN	
Address	136 EASTPORT ROAD	Address	136 EASTPORT ROAD	
City-State-Zip:	JACKSONVILLE FL 32218	City-State-Zip:	JACKSONVILLE FL 32218	
Title	MGR			

## 2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000094629

Entity Name: 220 FIRST STREET, LLC

### **Current Principal Place of Business:**

136 EASTPORT ROAD JACKSONVILLE, FL 32218

### **Current Mailing Address:**

**136 EASTPORT ROAD** JACKSONVILLE. FL 32218 US

# FEI Number: NOT APPLICABLE

### Na

GOELZ, TOM

City-State-Zip: ATLANTIC BEACH FL 32233

1359 BEACH AVENUE

Name

Address

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LARKIN GOELZ

MANAGER

### 03/01/2023

Electronic Signature of Signing Authorized Person(s) Detail

FILED Mar 01, 2023 Secretary of State 8655484824CC

Certificate of Status Desired: No

Date