L20000198188

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EXAMINER'S INITIALS:

CORPORATION SERVICE COMPANY

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CONTACT PERSON:

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: 24 NORTH PC	LK LLC		_				
2. (a)	1144 Tallevast Road, Suite 109-110		b) 1144 Ta	llevast Road, S	vast Road, Suite 109-110			
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		, <u></u>	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
	SARASOTA, FL 34243		SARASOTA, FL 34243					
	07/10/2020		L2000019	98188				
3.	Date of filing/registration in Florida	4.		Document nur	nber			
5. (a)	NRAI SERVICES, INC.							
J. (u)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:							
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 1200 SOUTH PINE ISLAND ROAD			_				
(b)	PLANTATION . F	33324			;	2025 OCT		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> Corporation Service Company	d Office a	ddress:	_		-6 AM 10: 2:		
	NEW Registered Office Address:			_	:	23		
	1201 Hays Street							
	Tallahassee F	J_32301						
change agent v was/we the arti	imited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members icles of organization or the operating agreement of the C.H. Waterman	e registe iability cof the line limited	red office ar ompany, it i nited liabilit liability cor	nd the business of shereby confinity company or a mpany. An , Authorized	office of med that is otherv Signer	the regi the cha vise prov	stered nge(s)	
Signa	ture of a member or authorized representative of a member		Printed or typed name of signee					
provisi the obi to mer	hy accept the appointment as registered agent and ag ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address. I d in writing of this change.	ree to ac e perforn ed for in hereby c	et in this cap nance of my Chapter 60, confirm that	acity. I further duties, and I an 5, F.S. Or, if th the limited liab	agree to n familio is docun ility con	o comply ar with a nent is b upany he	with the addaccept eing filed is been	
	Grace E. Kirby							
Signatu	re of Registered Agent							