L21000148828

(Requestor's Name)				
(Address)				
(Address)				
,				
(City/State/Zip/Phone #)				
(Only/Otale/Zip/) Hone #/				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
				
Special Instructions to Filing Officer:				
J. HORNE				
J. HORNE AUG 1 9 2025				
700 1 9 2025				

Office Use Only



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To: Department Of State, Division Of Corporations

From: Shauna Godbolt - Shauna.Godbolt@cscglobal.com

Ext: x61563 Date: 08/18/25 Order #: 4297395-41 Re: CMC 1058 LLC

Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Change of Registered Agent and Office

Check in the amount of: \$25.0- FL State Account Number: I20000000195

She kan

Please take the following action:

File on a routine basis Issue proof of filing Return evidence to the following: ATTN: Shauna Godbolt c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

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. N	ame of the limited liability company: CMC 1058 LLC	C	
2. (a)	701 WATERFORD WAY SUITE 490	(h)	701 WATERFORD WAY SUITE 490
±. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	MIAMI, FL 33126		MIAMI, FL 33126
	04/08/2021		21000148828
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State KEITH D. DIAMOND, P.A. Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 3440 HOLLYWOOD BLVD. SUITE 415		Dept. of State:
	HOLLYWOOD, F	33021	
(b)	Enter name of NEW Registered Agent and/or NEW Registere Corporation Service Company	ress:	
	NEW Registered Office Address:		
	1201 Hays Street		
	Tallahassee, F	TL_32301	· <u>·····</u>
chang agent was/w the art	limited 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 larger authorized by an affirmative vote of the members icles of organization or the operating agreement of the CHRISTOPHER FURLAN	aws of the S ie registered liability com of the limit e limited lia	office and the business office of the registered pany, it is hereby confirmed that the change(s) ed liability company or as otherwise provided in
Sign	ature of a member or authorized representative of a member		Printed or typed name of signee
provis the ob to mei	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as providely reflect a change in the registered office address, but in writing of this change.	gree to act in e performan led for in Ch I hereby con	this capacity. I further agree to comply with the ce of my duties, and I am Jamiliar with and accept apter 605, F.S. Or, if this document is being filed firm that the limited liability company has been
XX.	ure of Registered Agent	TCE PRESE	DENT

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00