21000504699

((Requestor's Name)					
(Address)						
(Address)						
	(City/State/Zip/Phone #)					
PICK-UP	WAIT MAIL					
	(Business Entity Name)					
(Document Number)						
Certified Copies	Certificates of Status					
Special Instructions to Filing Officer:						
L						

Office Use Only



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ALTAHASSEE, F. C.

RECEIVED

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MAR = 8 2023

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

	ACCOUNT NO.	: 12000000	0195						
	REFERENCE	: 552555	8407171						
	AUTHORIZATION	: ,	4						
	COST LIMIT	: C\$ 25 10 0 C	enan						
ORDER DATE :	·								
ORDER TIME :	12:58 PM								
ORDER NO. :	552555-005								
CUSTOMER NO:	8407171								
CHANGE OF AGENT									
NAME: CANDELA ESTATES, LLC.									
PLEASE RETURN	THE FOLLOWING AS	PROOF OF FII	LING:						
	FIED COPY STAMPED COPY								

EXAMINER: ____

CONTACT PERSON: Alexxis Weiland-sorenson -- EXT#

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	me of the limited liability company: CANDELA ES	TATES	, LL	.C.
2)
	(4-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(**,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		1360 W UNIVERSITY AVENUE #336			1360 W UNIVERSITY AVENUE #336
		GAINESVILLE, FL 32603			GAINESVILLE, FL 32603
		11/29/2021			L21000504699
3.		Date of filing/registration in Florida	4.	-	Document number
5.	(a)				
٥.	(-)	Registered Agent and Registered Office shown on the records of	f the Flo	rida	Dept. of State: 202
		CANDELA, CHRISTOPHER C			Dept. of State:
		Registered Office Address (MUST BE FLORIDA STREET	"ADDRI	ESSI	
		1360 W UNIVERSITY AVENUE #336		•	<u>.</u>
					
		GAINESVILLE , F	L_3260	13	<u> </u>
					 50
	(b)				
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office	add	dress:
		Corporation Service Company			
		NEW Registered Office Address:			
		1201 Hays Street			
					
		Tallahassee, F	L3230	11	
ch ag wa the	ange ent v is/wo e 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 lare authorized by an affirmative vote of the members cles of organization or the operating agreement of the	e regist iability of the c limite	tered cor limited li	d office and the business office of the registered mpany, it is hereby confirmed that the change(s) ited liability company or as otherwise provided in ability company.
_		e Candela ure of a member or authorized representative of a member	_	J11813	se Candela, Authorized Person Printed or typed name of signee
l i pr the to no	herel ovisi obli mere tified	by accept the appointment as registered agent and agens of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address, I in writing of this change.	ree to e perfoi ed for i hereby	act i rma n Ci r coi	in this capacity. I further agree to comply with the
(irace l	E. Kirby, Asst. Vice President on behalf of Corporation Service C Division of Corporations P.O.			• Tallahassee, FL 32314

FILING FEE: \$25.00