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To:

Division of Corporations

Fax Number : (850)617-6383

From:

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Account Number : I20220000070
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Bmail Address: EFILE1234@INCFILE.COM

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COVER LETTER (((H23000031546 3))) TO: Registration Section Division of Corporations TREMONT REAL ESTATE, LLC SUBJECT: Name of Limited Liability Company Dear Sir or Madam: The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: LOVETTE DOBSON Name of Person INCFILE.COM LLC Firm/Company 17350 STATE HWY 249 STE 220 Address HOUSTON, TX 77064 City/State and Zip Code EFILE1234@INCFILE.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: LOVETTE DOBSON Name of Person Area Code & Daytime Telephone Number Street Address: Mailing Address: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 Enclosed is a check for the following amount:

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## 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: TREMONT R	FAL ES	rat	TE, LLC
2. (a)			(h	b)
, ,	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)
	3225 MCLEOD DRIVE SUITE 100			3225 MCLEOD DRIVE SUFFE 100
	LAS VEGAS, NV 89121			LAS VEGAS, NV 89121
	02/02/2022		Į	1.22000055738
3.	Date of filing/registration in Florida	4.		Document number
5. (a)				
,	Registered Agent and Registered Office shown on the records ANDERSON REGISTERED AGENT, INC.	of the Flo	rida	a Dept. of State:
	gistered Office Address (MUST BE FLURIDA STREET ADDRESS)			5)
	625 E. TWIGGS STREET SUITE 110			2023
	TAMPA , 1	FL 33602	2	2023 IAN 25. AM 6: 34  Idress:
				25
(b)				<u> </u>
	Enter name of NEW Registered Agent and/or NEW Registered Office address:			
	REPUBLIC REGISTERED AGENT LLC			idress:
	NEW Registered Office Address:			
	1150 Nw 72nd Ave Tower 1 Ste 455			
	Miami	FL <sup>33126</sup>		
		FL		<del></del>
change agent v was/we	imited liability company is not organized under the learning or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the members cles of organization or the operating agreement of the control of	he regist liability s of the l ne limite	crec con limit d lia	impany, it is hereby confirmed that the change(s) littled liability company or as otherwise provided in
Signal	ture of a measurer or authorized representative of a member	_		Printed or typed name of signec
provisi the obl to mere notified	by accept the appointment as registered agent and a ons of all statutes relative to the proper and complet ingations of my position as registered agent as provia ely reflect a change in the registered office address, I in writing of this change.	gree to d le perfor led for il I hereby	act i mai n Cl i cor	in this capacity. I further agree to comply with the unce of my duties, and I am familiar with and accept chapter 605, F.S. Or, if this document is being filed on firm that the limited liability company has been
	DI 11 40 1 50			