

1/30/23, 4:54 PM

Division of

M200000391893 1037

Florida Department  
Division of Corporations  
Electronic Filing Office

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((H230000391893))



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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA00000023  
Phone : (954)208-0845  
Fax Number : (614)573-3996

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

LLC REGISTERED AGENT CHANGE  
1770 MAYPORT RD LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$55.00

2023 JAN 30 PM 2:19

2023 JAN 30 PM 2:19

LLC

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JAN 31 2023

FILED

### 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. Name of the limited liability company: 1770 MAYPORT RD LLC

2. (a) 1770 MAYPORT RD (b) 19191 S VERMONT AVE  
 Principal office address of limited liability company: Mailing address of limited liability company:  
 (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

ATLANTIC BCH, FL 32233 STE 680  
TORRANCE, CA 90502

3. 01/20/2022 4. M22000001037  
 Date of filing/registration in Florida Document number

5. (a) CORPORATE CREATIONS NETWORK INC.  
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
801 US HIGHWAY 1 NORTH  
 Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
PALM BEACH, FL 33408

(b) C T Corporation System  
 Enter name of NEW Registered Agent and/or NEW Registered Office address:  
NEW Registered Office Address  
1200 South Pine Island Road  
Plantation, FL 33324

2023 JAN 30 PM 2:19  
 L.L.F.D.

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature] Charles Brown  
 Signature of a member or authorized representative of a member Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

By: C T Corporation System  
Signature of Registered Agent

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

1/30/23, 4:51 PM

Division of Corporations

M2100016170

Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

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(((H23000039182 3)))



H2300003918234BC

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**To:**  
 Division of Corporations  
 Fax Number : (850)617-6383

**From:**  
 Account Name : C T CORPORATION SYSTEM  
 Account Number : FCA000000023  
 Phone : (954)208-0845  
 Fax Number : (614)573-3996

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

2023 Jan 30 11:45

**LLC REGISTERED AGENT CHANGE  
 1496 OLD DIXIE HIGHWAY LLC**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$55.00

2023 JAN 30 PM 2:20  
 LLC

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JAN 31 2023

### 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. Name of the limited liability company: 1496 OLD DIXIE HIGHWAY LLC

2. (a) 1496 OLD DIXIE HWY  
Principal office address of limited liability company:  
*(Note: MUST BE STREET ADDRESS)*  
RIVIERA BCH, FL 33404

(b) 1496 OLD DIXIE HWY  
Mailing address of limited liability company:  
*(Note: MAY BE POST OFFICE BOX)*  
RIVIERA BCH, FL 33404

3. 12/02/2021 Date of filing/registration in Florida

4. M2100001670 Document number

5. (a) CORPORATE CREATIONS NETWORK INC.  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
801 US HIGHWAY 1  
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*  
NORTH PALM BEACH, FL 33408

(b) C T Corporation System  
Enter name of NEW Registered Agent and/or NEW Registered Office address:  
NEW Registered Office Address  
1200 South Pine Island Road  
Plantation, FL 33324

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 19

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature] Signature of member or authorized representative of a member

Charles Brown Printed or typed name of signee

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

By: C T Corporation System  
Signature of Registered Agent

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