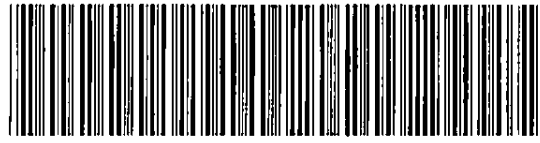


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05/28/24--01012--020 **75.00

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL 32304

**CORPORATE
ACCESS,
INC.**

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P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: BROOK 5/28

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CHANGE OF RA

1. PORT 55 APARTMENTS, LLC
(CORPORATE NAME AND DOCUMENT #)
2. _____
(CORPORATE NAME AND DOCUMENT #)
3. _____
(CORPORATE NAME AND DOCUMENT #)
4. _____
(CORPORATE NAME AND DOCUMENT #)
5. _____
(CORPORATE NAME AND DOCUMENT #)
6. _____
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Port 55 Apartments, LLC

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:

Katie Bush

Name of Person

CCS Legal

Firm/Company

908 Pompton Ave Unit A2

Address

Cedar Grove NJ 07009

City/State and Zip Code

katie.bush@ccslegal.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Katie Bush at (804) 304-3653

Name of Person Area Code & Daytime Telephone Number

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

- \$25 Filing Fee \$55 Filing Fee & Certified Copy

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: Port 55 Apartments, LLC

2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

(b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

509 SPRING STREET
JEFFERSONVILLE, IN 47130

509 SPRING STREET
JEFFERSONVILLE, IN 47130

02/15/2023

M23000002069

3. Date of filing/registration in Florida

4. Document number

5. (a) CAPITOL CORPORATE SERVICES, INC.
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
CAPITOL CORPORATE SERVICES, INC.

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
515 EAST PARK AVENUE 2ND FL
TALLAHASSEE, FL 32301

(b) CCS Global Solutions, Inc.
 Enter name of NEW Registered Agent and/or NEW Registered Office address:
CCS Global Solutions, Inc.
NEW Registered Office Address:
155 Office Plaza Drive, 1st Floor
Tallahassee, FL 32301

TALLAHASSEE, FLORIDA
 2024 MAY 28 PM 12:59
 FILED

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.

/s/ Toni Capito
 Signature of a member or authorized representative of a member

Toni Capito
 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.

/s/ Joanne Caswell
 Signature of Registered Agent