424 PALM STR	•			
Current Mai	ling Address:			
424 PALM S WEST PALM	TREET 1 BEACH, FL 33401 US			
FEI Number: 46-1020934			Certificate of Status Desired: No	
Name and A	ddress of Current Registered Agent:			
MARK, BODE V 424 PALM STR	EET			
WEST PALM BI	EACH, FL 33401 05			
	l entity submits this statement for the purpose of changing its	registered office or regis	tered agent, or both, in the State of Florid	la.
The above named		registered office or regis		
The above named	I entity submits this statement for the purpose of changing its	registered office or regis		
The above named	I entity submits this statement for the purpose of changing its MARK W BODE	registered office or regis		02/09/2024
The above named	<ul> <li>I entity submits this statement for the purpose of changing its</li> <li>MARK W BODE</li> <li>Electronic Signature of Registered Agent</li> </ul>	registered office or regis		02/09/2024
The above named SIGNATURE Authorized	<ul> <li>I entity submits this statement for the purpose of changing its</li> <li>MARK W BODE</li> <li>Electronic Signature of Registered Agent</li> <li>Person(s) Detail :</li> </ul>			02/09/2024
The above named SIGNATURE Authorized	<ul> <li>entity submits this statement for the purpose of changing its</li> <li>MARK W BODE</li> <li>Electronic Signature of Registered Agent</li> <li>Person(s) Detail :</li> <li>MGR</li> </ul>	Title	MGR	02/09/2024
The above named SIGNATURE Authorized Title Name	<ul> <li>I entity submits this statement for the purpose of changing its</li> <li>MARK W BODE</li> <li>Electronic Signature of Registered Agent</li> <li>Person(s) Detail :</li> <li>MGR</li> <li>MCCANN, JAMES</li> </ul>	Title Name Address	MGR MCCANN, SARA B	02/09/2024
The above named SIGNATURE Authorized Title Name Address	<ul> <li>entity submits this statement for the purpose of changing its</li> <li>MARK W BODE</li> <li>Electronic Signature of Registered Agent</li> <li>Person(s) Detail :</li> <li>MGR</li> <li>MCCANN, JAMES</li> <li>424 PALM STREET</li> </ul>	Title Name Address	MGR MCCANN, SARA B 424 PALM STREET	02/09/2024
The above named SIGNATURE Authorized Title Name Address City-State-Zip:	<ul> <li>I entity submits this statement for the purpose of changing its</li> <li>MARK W BODE</li> <li>Electronic Signature of Registered Agent</li> <li>Person(s) Detail :</li> <li>MGR</li> <li>MCCANN, JAMES</li> <li>424 PALM STREET</li> <li>PALM BEACH FL 33401</li> </ul>	Title Name Address	MGR MCCANN, SARA B 424 PALM STREET	02/09/2024
The above named SIGNATURE Authorized Title Name Address City-State-Zip: Title	entity submits this statement for the purpose of changing its MARK W BODE Electronic Signature of Registered Agent Person(s) Detail : MGR MCCANN, JAMES 424 PALM STREET PALM BEACH FL 33401 CFO	Title Name Address	MGR MCCANN, SARA B 424 PALM STREET	02/09/2024
The above named SIGNATURE Authorized Title Name Address City-State-Zip: Title Name	<ul> <li>I entity submits this statement for the purpose of changing its</li> <li>MARK W BODE</li> <li>Electronic Signature of Registered Agent</li> <li>Person(s) Detail :</li> <li>MGR</li> <li>MCCANN, JAMES</li> <li>424 PALM STREET</li> <li>PALM BEACH FL 33401</li> <li>CFO</li> <li>BODE, MARK WILLIAM</li> </ul>	Title Name Address	MGR MCCANN, SARA B 424 PALM STREET	02/09/202

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARK W. BODE

CFO

Electronic Signature of Signing Authorized Person(s) Detail

DOCUMENT# L12000120152

Entity Name: PALM STREET HOLDINGS, LLC

## **Current Principal Place of Business:**

FILED Feb 09, 2024 Secretary of State 7093943711CC

Date