that my name appears above, or on an attachment with all other like empowered.

Electronic Signature of Signing Authorized Person(s) Detail

SIGNATURE: ANGIE NYS

DOCUMENT# L15000011984

Entity Name: 1700 SOUTH OLIVE, LLC

Current Principal Place of Business:

1700 S OLIVE AVE APARTMENT #1 #1 WEST PALM BEACH, FL 33401

Current Mailing Address:

149 EVERGLADE AVE PALM BEACH, FL 33480 US

FEI Number: 47-3162850

Name and Address of Current Registered Agent:

NYS, ANGIE 149 EVERGLADE AVE PALM BEACH, FL 33480 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:	ANGIE NYS	02/10/2024
	Electronic Signature of Registered Agent	Date

Authorized Person(s) Detail :

Title MGR NYS. ANGIE Name Address 149 EVERGLADE AVE City-State-Zip: PALM BEACH FL 33480

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

MANAGER

FILED Feb 10, 2024 Secretary of State 0781456531CC

Certificate of Status Desired: No

02/10/2024 Date

2024 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT