340 ROYAL POI STE 321 PALM BEACH, F			
The above named	entity submits this statement for the purpose of changing its	s registered office or regis	tered agent, or both, in the State of Florida.
SIGNATURE	: STUART J HAFT		01/07/2024
	Electronic Signature of Registered Agent		Date
Authorized Person(s) Detail :			
Title	MGR	Title	AUTHORIZED PERSON
Name	CONGRESS CENTER NORTH, LLC	Name	FRANK, ROGER L
Address	C/O ROGER L. FRANK	Address	500 CORSAIR DRIVE
City-State-Zip:	500 CORSAIR DRIVE NORTH PALM BEACH FL 33408	City-State-Zip:	NORTH PALM BEACH FL 33408
Title	AUTHORIZED PERSON		
Name	FRANK, WILLIAM S		
Address	PO BOX 255127		
Citv-State-Zip:	SACRAMENTO CA 95865		

C/O ROGER L. FRANK 500 CORSAIR DRIVE NORTH PALM BEACH, FL 33408 US

Entity Name: 3046 DEL PRADO S, LLC

Current Principal Place of Business:

FEI Number: NOT APPLICABLE

DOCUMENT# L21000369128

NORTH PALM BEACH, FL 33408

Current Mailing Address:

500 CORSAIR DR

Name and Address of Current Registered Agent:

HAFT, STUART J 34(ST PA

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: ROGER L FRANK

01/07/2024

Electronic Signature of Signing Authorized Person(s) Detail

FILED Jan 07, 2024 Secretary of State 1745865662CC

Certificate of Status Desired: No

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

City-State-Zip: SACRAMENTO CA 95865

Date

MGR