565 HARBOR KEY BISCAYN				
Current Ma	iling Address:			
565 HARBC KEY BISCA	PR DR YNE, FL 33149 US			
FEI Number: 87-2580929			Certificate of Status Desired: No	
Name and A	Address of Current Registered Agent:			
MALAVENDA, 565 HARBOR KEY BISCAYN				
The above name	d entity submits this statement for the purpose of changing its r	registered office or regis	tered agent, or both, in the State of Fi	lorida
	, , , , , , , , , , , , , , , , , , , ,	0 0	G	onaan
SIGNATUR	E: SEBASTIAN MALAVENDA			05/20/2024
SIGNATUR	E: SEBASTIAN MALAVENDA Electronic Signature of Registered Agent		.	
				05/20/2024
	Electronic Signature of Registered Agent	Title	MGR	05/20/2024
Authorized	Electronic Signature of Registered Agent Person(s) Detail :	Title Name	MGR MALAVENDA, GEORGE	05/20/2024
Authorized	Electronic Signature of Registered Agent Person(s) Detail : MGR		-	05/20/2024
Authorized Title Name	Electronic Signature of Registered Agent Person(s) Detail : MGR MALAVENDA, SEBASTIAN 565 HARBOR DR	Name	MALAVENDA, GEORGE 241 BUTTONWOOD DR	05/20/2024
Authorized Title Name Address	Electronic Signature of Registered Agent Person(s) Detail : MGR MALAVENDA, SEBASTIAN 565 HARBOR DR	Name Address	MALAVENDA, GEORGE 241 BUTTONWOOD DR	05/20/2024
Authorized Title Name Address City-State-Zip:	Electronic Signature of Registered Agent Person(s) Detail : MGR MALAVENDA, SEBASTIAN 565 HARBOR DR KEY BISCAYNE FL 33149	Name Address	MALAVENDA, GEORGE 241 BUTTONWOOD DR	05/20/2024
Authorized Title Name Address City-State-Zip: Title	Electronic Signature of Registered Agent Person(s) Detail : MGR MALAVENDA, SEBASTIAN 565 HARBOR DR KEY BISCAYNE FL 33149 MGR	Name Address	MALAVENDA, GEORGE 241 BUTTONWOOD DR	05/20/2024
Authorized Title Name Address City-State-Zip: Title Name	Electronic Signature of Registered Agent Person(s) Detail : MGR MALAVENDA, SEBASTIAN 565 HARBOR DR KEY BISCAYNE FL 33149 MGR LEE , BRIAN 737 ALMERIA AVE	Name Address	MALAVENDA, GEORGE 241 BUTTONWOOD DR	05/20/2024

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: GEORGE MALAVENDA

MGR

Electronic Signature of Signing Authorized Person(s) Detail

DOCUMENT# L21000399901

Entity Name: CIVIC 36 APARTMENTS, LLC

Current Principal Place of Business:

FILED May 20, 2024 Secretary of State 0375612063CC

Date