## 1000001631

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							
J. HORNE							
MAY 2 1 2024							

Office Use Only



900428915409

FILED 2024 HAY 20 AH 10: 29



## 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:							
2.	(a)	2481 NW 2ND AVENUE	(	b) 2	2481 NW	2ND AVENUE		
		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ `		Ŋ	Mailing address of limi (Note: MAY BE PO	ited liability company:  OST OFFICE BOX)	
		SUITE 200		SUITE 200				
		BOCA RATON, FL 33431	_	E	BOCA RATON, FL 33431			
		01/31/2001		L0	1000001	631		
3.		Date of filing/registration in Florida	4.	_		Document number	 r	
5.	(a)	Pantano, Brendon J						
	(4)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State 2481 NW 2ND AVENUE				- 2:		
		Registered Office Address (MUST BE FLORIDA STREET AD 201	DDRES	<u>(S)</u>		-	FIL. 2024 MAY 20	
		Boca Raton .FL	33431			-		
	(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:  Corporation Service Company				AH 10: 29		
		NEW Registered Office Address:			<del></del>	-		
		1201 Hays Street						
		TallahasseeFL 3	32301					
cha age was	inge int w s/we	mited liability company is not organized under the laws or changes are made, the Florida street address of the reall be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li	egister ility co the lin	ed c omp nited	office and any, it is d liability	I the business office thereby confirmed or company or as officed to the company or as officed the company of the	re of the registered that the change(s)	
/s/Matthew Cowan				Matthew Cowan				
S	ignat	ure of a member or authorized representative of a member				Printed or typed name	e of signee	
pro the to n	wisie obli nere	y accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pogations of my position as registered agent as provided by reflect a change in the registered office address, I he fin writing of this change.	to act erform for in C reby c	t in . anc Cha onfi	this capa e of my d pter 605, rm that ti	icity. I further agre luties, and I am fan F.S. Or, if this do he limited liability	ee to comply with the niliar with and accept ocument is being filed company has been	
Sig	natur	e of Registered Agent						

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

