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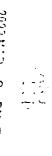
(Requestor's Name)
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(Business Entity Name)
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CT Corporation 28 Liberty St. New York, NY 10005

Phone (212) 894 8940 www.ct.wolterskluwer.com www.wolterskluwer.com

March 2, 2023

Department of State - Division of Corporations Amendment Section The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

RE: SUPREME REALTY, LLC

Dear Sir or Madam.

Corpdirect Agents, Inc. provides the agent for service of process in Florida for the above-named company. Please be advised that the agent for service of process has been changed to: C T Corporation System.

Enclosed please find an executed Statement of Change Form and Cover Letter, which will serve to change the agent to: C T Corporation System, 1200 Pine South Island Road, Plantation, FL 33324. Also enclosed is our check for \$25.00 to cover the filing fee.

Please advise us once the agent change has been noted and issue whatever evidence of filing that may be usual. Also, enclosed is a self-addressed envelope for your convenience in replying or you can email me at my email address below.

Thank you,

C T Corporation System

Marie Hauer

Agent Services Division

marie.hauer@wolterskluwer.com

Encl.

COVER LETTER

Division of Corporations			
SUPREME REALTY, LLC SUBJECT:			
	ne of Limited Liability Company		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Off	ice Change and fec(s) are submitted for filing.		
Please return all correspondence concerning th	is matter to the following:		
Marie Hauer			
Name of Person			
C T Corporation System			
Firm/Company			
28 Liberty St.			
Address			
New York, NY 10005			
City/State and Zip Code			
E-mail address: (to be used for future and	nual report notification)		
For further information concerning this matter,	, please call:		
Marie Hauer	at (_212)894-8940		
Name of Person	Area Code & Daytime Telephone Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a check for the following	g amount:		
S25 Filing Fee	☐ \$55 Filing Fee & Certified Copy		
INHS18 (2/14)			

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. Ì	Name of the limited liability company: SUPREME REAL	LTY, LLC		
2. (a	Principal office address of limited liability company: (Nate: MUST BE STREET ADDRESS)	(b)	Mailing address of limited liability company: (Nate: MAY BE POST OFFICE BOX)	
	3000 NW 107th Avenue	3000 NW	107th Avenue	
	Miami, FL 33172	Miami, FL 33172		
	07/01/2002	L02000016	5462	
3.	Date of filing/registration in Florida	4.	Document number	
5. (CORPDIRECT AGENTS, INC			
J. (i	Registered Agent and Registered Office shown on the records of	the Florida Dept. of Sta	ate:	
	Registered Office Address (MUST BE FLORIDA STREET) 1200 South Pine Island Road	2023 HAR		
	Miami Fl	33324	<u> </u>	
(b)	C T Corporation System		3 PH	
	Enter name of NEW Registered Agent and/or NEW Registered	5: 01		
	NEW Registered Office Address:		_	
	1200 South Pine Island Road		_	
	Plantation FI	L		
the c agen was/ the a	e limited liability company is not organized under the la hange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited I were authorized by an affirmative vote of the members rticles of organization or the operating agreement of the nature of a number of antiborized representative of a member	of the registered office is ability company, it of the limited liability committed liability controlling the second controlling is a second controlling to the second controlling to t	ce and the business office of the registered is hereby confirmed that the change(s) lity company or as otherwise provided in	
I he prov the o to m notij By:	rature of a member of stationized representative of a member reby accept the appointment as registered agent and age is ions of all statutes relative to the proper and complete ibligations of my position as registered agent as provide crefy reflect a change in the registered office address, I fied in writing of this change. CT Corporation System Acceptable Control of the control of the change of Registered Agent	mun to act in this ex	macity. I further agree to comply with the	