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SECTION TO SECURITY OF STATE
TRANSPORT STATE

COVER LETTER

TO:

Registration Section

Divi	sion of Corporations							
SUBJECT:	THE CONNECTICUT COMPANY, LLC							
SUBJECT:	Name of Limited Liability Company							
Dear Sir or N	Madam:							
The enclosed	d Registered Agent/Registered Office Cha	inge ar	nd fee(s) are submitted for filing.					
Please return	all correspondence concerning this matte	er to th	e following:					
Damaso W. S	Saavedra							
	Name of Person							
Saavedra-Goo	odwin							
	Firm/Company							
888 SE 3rd A	venue, Suite 500							
	Address							
Fort Lauderda	ale, Florida 33316							
	City/State and Zip Code							
E-mail	address: (to be used for future annual rep	ort not	tification)					
For further i	nformation concerning this matter, please	call:						
Deanna Pazo	at (954	767-6333)					
	Name of Person	_	Area Code & Daytime Telephone Number					
Reg Div P.O	iling Address: gistration Section ision of Corporations Box 6327 lahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					
Епс	losed is a check for the following amou	nt:						
■ \$	25 Filing Fee		\$55 Filing Fee & Certified Copy					
INHS18 (2/14	4)							

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. N	ame of the limited liability company:THE CONNECT	ICUT CC	MPANY, L	LC				
2. (a)		(1	b)	<u>-</u>				
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of (Note: MAY BE	limited liabi	lity com	pany:	
	888 SE 3rd Avenue, Suite 500		888 SE 3rd Avenue, Suite 500 Fort Lauderdale, Florida 33316					
	Fort Lauderdale, Florida 33316							
	01/10/2003		L03000001	244				
3.	Date of filing/registration in Florida	— 4.		Document nun	nber			
5. (a	Damaso W. Saavedra							
J. (a	Registered Agent and Registered Office shown on the records of	f the Florid	a Dept. of Sta	te:				
	Saxuedia Conolowin							
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES	<u>S)</u>	_				
	312 S.E. 17TH STREET SECOND FLOOR						. * ******	
	Fort Lauderdale	33316 L		_	7. 7. Se o	2021 AUG	*2* w/	
				_	7	JU!	71	
(b)				_		327		
	Enter name of NEW Registered Agent and/or NEW Registered	d Office ac	<u>ldress</u> :		SS €		Ш	
					SSEE	AM 10: 2	D	
	NEW Registered Office Address:			_		: 2		
	888 SE 3rd Avenue Suite 500			_	1 - 1		8	
	Fort Landerdale , Fl	L						
	/1			_				
	limited liability company is not organized under the la e or changes are made, the Florida street address of the							
agent	will be identical. Or, in the case of a Florida limited li	lability co	ompany, it i	is hereby confirm	ned that th	e chan	ge(s)	
was/w	ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	of the fine line line line line line line line l	nited naom liability cor	ty company or a mpany.	s omerwis	e prov	idea in	
	20	D	200	Printed or typed	vicwec	dec		
Sign	ature of a member or authorized representative of a member	هني		Printed or typed	name of sign	ee		
provis the ob to mei	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide elv reflect a alange in the registered office address, I d in writing of this change.	r perform	ance of my	duties, ånd I an	ı Familiar v	vith ar	id accent	
Signat	ure of Registered Agent							