03000021113

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(Address)								
(Address)								
(City/State/Zip/Phone #)								
PICK-UP WAIT MAIL								
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CORPORATION SERVICE COMPANY 1201 Hays Street

CONTACT PERSON: Eyliena Baker -- EXT#

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I20	000000195
REFERENCE : 1596	198 7872917
AUTHORIZATION :	
COST LIMIT : \$ 2	5.00
ORDER DATE : March 17, 2023	
ORDER TIME : 9:05 AM	
ORDER NO. : 596198-005	
CUSTOMER NO: 7872917	
CHANGE OF AGENT	
NAME: GRAND SLAM TWO, LLC	
PLEASE RETURN THE FOLLOWING AS PROOF	OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY	
XX PLAIN STAMPED COPY	

EXAMINER:

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.	Na	me of the limited liability company: GRAND SLAM	TWO, L	LC	·			
- . (,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		.~,	Mailing ad	ldress of limited lia MAY BE POST O	bility co	mpany:
		2328 10th AVENUE N #300			2328 10th AVENU	JE N #300		
		LAKE WORTH BEACH, FL 33461	LAKE WORTH BEACH, FL 33				1	
		06/09/2003		Į	.03000021113			
3.		Date of filing/registration in Florida	4.	_	Docume	ent number		
5.	(a)							
	(**)	Registered Agent and Registered Office shown on the records of NASON, NATHAN E	the Floric	Ja l	Dept. of State:			
		Registered Office Address (MUST BE FLORIDA STREET.	ADDRES	 5 <u>5)</u>				
		3001 PGA BLVD SUITE 305						
		PALM BEACH GARDENS FI	33410					
		,	·				20:	
(b)						2023 NAR	• 73
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office a	<u>dd</u>	<u>ress</u> :			- ¿
	Corporation Service Company						20	
		NEW Registered Office Address:					:01 113	
		1201 Hays Street					<u>.</u>	The second second
		-					=	
		Tallahassee, FL	32301	_				
char ager was	ige it w /we	mited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia- are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	registerability confithe lin	red on nit	office and the bus ipany, it is hereby ed liability compar	siness office of t confirmed that t	he reg the cha	istered inge(s)
				Fischer-Persson, A				
Sig	gnat	ure of a member or authorized representative of a member			Printed o	or typed name of sig	nee	
prov the o to m	isio obli ere	by accept the appointment as registered agent and agrous of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I fin writing of this change.	ee to ac perform I for in iereby c	t it iar Cli	r this capacity. I fi ce of my duties, an apter 605, F.S. Or firm that the limite	urther agree to ad I am familiar r, if this docume ed liability comp	complewith a ent is b early h	y with the md accept wing filed as been
		e of Registered Agent E. Kirby, Asst. Vice President on behalf of Corporation Service Co	mpany					

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