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| (Requestor's Name) (Address) (Address) | | | | | | |
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| (Address) | | | | | | |
| (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: | | | | | | |
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Office Use Only



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A. CUILER

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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

| ACCOUNT NO. : 12000000195 REFERENCE : 552652 7654927 AUTHORIZATION : COST LIMIT : \$ 25.00 | | | | | | | |
|---|--|--|--|--|--|--|--|
| ORDER DATE : March 7, 2023 | | | | | | | |
| ORDER TIME : 1:45 PM | | | | | | | |
| ORDER NO. : 552652-015 | | | | | | | |
| CUSTOMER NO: 7654927 | | | | | | | |
| CHANGE OF AGENT | | | | | | | |
| NAME: LWRE, LLC | | | | | | | |
| PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: | | | | | | | |
| CERTIFIED COPY XX PLAIN STAMPED COPY | | | | | | | |

EXAMINER:

CONTACT PERSON: Eyliena Baker -- EXT#

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: LWRE, LLC | | | | |
|------------------------------|--|---|--|--|---|
| 2. (a) | | (ł | n) | | |
| . , | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | 3 | Mailing address of limite (Note: MAY BE POS | rd liability company: |
| | 1575 50TH STREET SUITE 201 | | 1575 50T | H STREET SUITE 2 | 201 |
| | BROOKLYN, NY 11219 | | BROOKL | YN, NY 11219 | |
| | 07/23/2003 | | L03000027 | 7114 | |
| 3. | Date of filing/registration in Florida | 4. | _ | Document number | - |
| 5. (a) | | | | | |
| J. (u) | Registered Agent and Registered Office shown on the records of | the Florida | Dept. of State | - :: | |
| | C T CORPORATION SYSTEM | | | | |
| | Registered Office Address (MUST BE FLORIDA STREET | ADDRESS | | - | |
| | 1200 SOUTH PINE ISLAND ROAD | | | | 202 |
| | PLANTATION .FI | 33324 | | | 577; 2023 HAR |
| | | | | - | 1 19 |
| (b) | | | | _ | 7 |
| | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> | d Office ad | <u>dress</u> : | | |
| | Corporation Service Company | | | | တ္တ သ သ |
| | NEW Registered Office Address: | | _ | • | |
| | 1201 Hays Street | | | _ | |
| | Tallahassee, FI | 32301 | | | |
| | | | | - | |
| change agent v was/w | limited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liter authorized by an affirmative vote of the members of icles of organization or the operating agreement of the | registere ability co of the lim | ed office and mpany, it is ited liability | I the business office hereby confirmed to company or as other | of the registered hat the change(s) |
| /s/ Ma | anuel Scharf | Mar | nuel Scharf | | |
| Signa | ature of a member or authorized representative of a member | | | Printed or typed name of | of signee |
| provisi the obi to mer | by accept the appointment as registered agent and agi ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change. | ree to act performe d for in C hereby co | in this capa ince of my a 'hapter 605, onfirm that to | city. I further agree luties, and I am fami F.S. Or, if this doc he limited liability c | to comply with the iliar with and accept ument is being filed company has been |
| <u>ل</u> تعددان | hace C-Kubly | | | | |
| Oignath | ire of Registered Agent | | | | |