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COVER LETTER

	gistration Section vision of Corporations		•			
SUBJECT	THE CONNECTICUT COMPANY	I, LLC				
Sebuzer	Name of Limited Liability Company					
Dear Sir or	Madam:					
The enclose	ed Registered Agent/Registered Off	ice Change an	d fee(s) are submitted for filing.			
Please retur	m all correspondence concerning th	is matter to th	e following:			
Damaso W.	Saavedra					
	Name of Person					
Saavedra-Go	oodwin					
	Firm/Company					
888 SE 3rd a	Avenue, Suite 500					
	Address					
Fort Laudere	dale. Florida 33316					
	City/State and Zip Code					
E-mai	l address: (to be used for future and	nual report not	ification)			
For further	information concerning this matter	please call:				
Deanna Pazo	o	954 at (767-6333			
	Name of Person	ar (Area Code & Daytime Telephone Number			
Re Div P.C	gistration Section vision of Corporations D. Box 6327 Ilahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
En	closed is a check for the following	; amount:				
	\$25 Filing Fee		\$55 Filing Fee & Certified Copy			
INHS18 (2/1	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	Name of the limited liability company: THE CONNECT	icor c	OMPANY I, .	LLC
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 888 SE 3rd Avenue, Suite 500			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) d Avenue, Suite 500
	Fort Lauderdale, Florida 33316		Fort Laud	erdale, Florida 33316
	01/04/2005		L05000001	017
3.	Date of filing/registration in Florida Damaso W. Saavedra	4.		Document number
5. (a	Registered Agent and Registered Office shown on the records o	f the Flori	ida Dept. of Sta	****
	Registered Office Address (MUST BE FLORIDA STREET) 312 S.E. 17TH STREET SECOND FLOOR	ADDRE	<u>SS)</u>	FILED AMIO: 24 2021 AUG 27 AMIO: 24 SEAL TO ASSEE, FILE SEAL TO ASSEE, FILE
	Fort Lauderdale, F	L_33316	-	27 1
(b	Damaso W. Saavedra, Esq. Enter name of NEW Registered Agent and/or NEW Registere	d Office	address:	10: 24 16: FR
	NEW Registered Office Address: 888 SE 3rd Avenue Suite 500			_
	Fort Lauderdale , F	L_33316		_
Sign I her provi	limited liability company is not organized under the lage or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the nature of a member or authorized representative of a member above accept the appointment as registered agent and agriculture of all statutes relative to the proper and complete bligations of mix position as registered agent as provide rely reflected a change in the registered office address. I led in writing of his change.	e registeriability of the limited	ered office and company, it is mitted liability core. Company, it is mitted liability core. Company company control	the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in impany. Printed or typed name of signee