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SECRETARY OF STATE

A. RIVERS MAR - 7 2023

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	une of the limited liability company: CORAL GARD	ENS, L	LC				
2	(a)	2770 INDIAN RIVER BLVD		(b	2770 INE	DIAN RIVER BLVD		
~.		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		,-	,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
		SUITE 201			SUITE 20			
		VERO BEACH, FL 32960-4230			VERO BI	EACH, FL 32960-4230		
		05/23/2005			L05000050	976		
3.		Date of filing/registration in Florida ALTON L LIGHTSEY	4.			Document number		
5.	(a)	Registered Agent and Registered Office shown on the records of C/O LIGHTSEY & ASSOCIATES, P.A.	orida	Dept, of Sta	te:			
		Registered Office Address (MUST BE FLORIDA STREET) 2105 PARK AVENUE NORTH	TADDR	ESS	<u> </u>	_		
		WINTER PARK , F	FL_3278	9		TALLAHITALHAHITALLAHITAHITALLAHITALLAHITALLAHITALLAHITALLAHITALLAHITALLAHITALLAHITALLAHITALLAHITALLAHITALLAHITALLA		
	(b)	Enter name of NEW Registered Agent and/or NEW Registered 222 W COMSTOCK AVENUE NEW Registered Office Address: SUITE 200	ed Office	e ad	dress:	22 AM 9: 42 ARY OF STATE ASSEE, FLORID		
		WINTER PARK , F						
ch ag wa the	ange ent v is/we e arti	imited liability company is not organized under the last or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the members teles of organization or the operating agreement of the	ne regis liability of the e limite	tere / co lim ed l	ed office an mpany, it i ited liabilit	id the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in inpany.		
Signature of a member of authorized representative of a member					Printed or typed name of signee			
I) pro the to no	herei ovisi obl mere tified	by accept the appointment as registered agent and agons of all statutes relative to the proper and complet igations of my position as registered agent as providely reflect a change in the registered office address, if in writing of this change.	gree to e perfo led for l hereb	act rma in C y ca	in this cap ince of my hapter 60: infirm that	acity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been		
Ši	gnatu	re of Registered Agent	_					