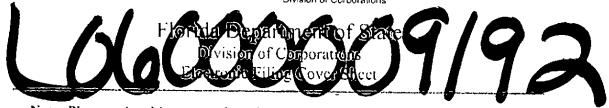
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Division of Corporations



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To:

12122023573

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	same of the limited liability company: FARRELL HOL	LDINGS, L	LC						
2. (a)	3301 SE 14th Avenue	(h	(b) 3301 SE 14th Avenue						
	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	(0		Mailing address of li	imited liability comp POST OFFICE BO	•			
	FORT LAUDERDALE, FL 33316		TORT LA	UDERDALE, FL	33316				
					· · · · · · · · · · · · · · · · · · ·				
	01/25/2006		L060000091	192					
3.5. (a	Date of filing/registration in Florida ANDREA JANSZ	4.		Document num	ber				
., (u	Registered Agent and Registered Office shown on the records of 3304 SE 14TH AVENUE	of the Florida	Dept. of State	- e:					
	Registered Office Address	ADDRESS	1	-					
	FORT LAUDERDALE, FI	L_33316		-					
(b)	C T Corporation System			•					
•	Enter name of NEW Registered Agent and/or NEW Registered	d Office add	ress:	•					
	NEW Registered Office Address:		<u></u>	-	6 -				
	1200 South Pine Island Road				202				
	Plantation , FL	_33324			2023 HAR 1				
the cha agent was/w	limited liability company is not organized under the large or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited light ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	f the regis inbility cor of the limi	tered office mpany, it is ited liability	and the busines hereby confirmation or as	confirmed that a soffice of the re	g <mark>iste</mark> red			
	See De T	JOE .	DAVIS, MA		·				
I here provis the obs to mer notifie 3y:	nure of a member or authorized representative of a member thy accept the appointment as registered agent and ag- 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. C T Corporation System SEANL EMERICA ASSISTEMT SECRETARY FOR OF Registered Agent			Printed or typed na acity. I further a furies, and I am fire. S. Or, if this he limited liabil.	-	rith the Laccept 1g filed been			

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