L06000023406

(Re	questor's Name)			
(110	questor s marrier			
(Ad	dress)			
(,			
(Address)				
(Cit	y/State/Zip/Phone	e:#)		
PICK-UP	☐ WAIT	MAIL		
(Ru	singes Entity Nam	ne)		
(Business Entity Name)				
(Do	cument Number)			
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				

Office Use Only



100441378331

2024 DEC 26 PM 4: 12

FILED INFC 26 PM 4: 12

2024 DEC 26 AM 9: 29

: ...,



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088
If there are any issues
please contact Cheyanne at
850-202-1882

Date:	12/20/2024				
Name:	Cheyanne Davis				
Reference #	2597601				
	4E CA	Y HARBOR, LLC			
	es of Incorporation/Authorizati				
Amendment					
✓ Change of Agent					
Reins	statement				
Conversion					
Merger					
☐ Dissolution/Withdrawal					
☐ Fictitious Name					
Other	r				
Authorized A	Amount: \$25				
Signature:	(Muy ma Paine				

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	lame of the limited liability company: 4E CA	Y HA	RBOR, LLC	
2. (a)	AFOR EAST MEST HIMY STE OOR		(b) 4520	EAST WEST HWY, STE 200
(a)	Principal office address of limited hability company (Nate: MUST BE STREET ADDRESS)		(<i>b</i>) <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	BETHESDA MD 20814		BE1	THESDA MD 20814
	3/03/2006			L06000023406
3.	Date of filing/registration in Florida		· .	Document number
5. (a	LYNN, SANDRA T			
(Registered Agent and Registered Office shown on the records o	the F	lorida Dept. of S	State
	7 BARRACUDA LN			
	Registered Office Address (MUST BE FLORIDA STREET	r ADD	RESS)	
				202 1 A
	KEY LARGO	L_3	33037	PILI
(b)	Cogency Global Inc			PILED 2024 DEC 26 PM 4: 13 IALLAHASSEE FLORIDA
•	Enter name of NEW Registered Agent and/or NEW Registere	d Offi	ce address	2 2
	115 North Calhoun Street, Suite	€ 4		PH 4: 13
	NEW Registered Office Address			D'
	Tallabassas		32301	
	Tallahassee, F	1	32301	
the chagent was/w	limited liability company is not organized under the lange or changes are made, the Florida street address owill be identical. Or, in the case of a Florida limited invere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	of the liabili of the	registered of ty company, e limited liab	fice and the business office of the registered it is hereby confirmed that the change(s) ility company or as otherwise provided in
	/s/ Eleanor Wells			Eleanor Wells
Sign	ature of a member or authorized representative of a member			Printed or typed name of signee
provis the ob- to men notific	eby accept the appointment as registered agent and ag sions of all statutes relative to the proper and complet oligations of my position as registered agent as provid rely reflect a change in the registered office address, a yed in writing of this change. SI Tim Mayville, Assistant Secretary	o nort	formance of i	ny duties, and I am familiar with and accent
	ure of Registered Agent			