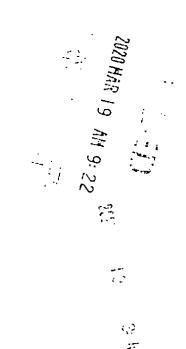
LD6000/10011

(Requestor's Name)						
(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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O SIMMONS MAR 2 0 2020 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT	NO.	:	12000000	00195
ומשקשם	NCE		234641	Ω.

REFERENCE: 234641 8105571

AUTHORIZATION: Spells length

COST LIMIT : \$ 25.00

ORDER DATE : March 18, 2020

ORDER TIME : 2:50 PM

ORDER NO. : 234641-005

CUSTOMER NO: 8105571

CHANGE OF AGENT

NAME: INDIAN RIVER TURNPIKE & 441,

 $_{
m LLC}$

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Kadesha Roberson -- EXT#

EXAMINER:

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	me of the limited liability company: Indian River Turn	pike &	441, LLC			
2.	(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (b)	(b)			
		54 SW Boca Raton Boulevard	_	54 SW Bo	oca Raton Boulevard		
		Boca Raton, FL 33432	-	Boca Rat	on, FL 33432		
		11/14/2006	_	L0600011	0011		
3.		Date of filing/registration in Florida	4.		Document number		
5.	(a)	Hodkin Stage Ward, PLLC					
		Registered Agent and Registered Office shown on the records of the	e Florida i	Dept. of State	:	~>	
		54 SW Boca Raton Boulevard				020	
		Registered Office Address (MUST BE FLORIDA STREET AD	<u>ODRESS)</u>			2020 HAR 19	
		Boca Raton , Ft	33432			ÄH	
ı	(b)	Corporation Service Company Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered O</u>	ffice add	ress:	# <u>2</u>	9: 22	
		1201 Hays Street					
		NEW Registered Office Address:					
		Tallahasasa	20204				
the age was	cha nt w s/we	Tallahassee . FL mited liability company is not organized under the laws nge or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of these of organization or the operating agreement of the limited liab.	of the 5 ne regist ility cor the limi	ered office npany, it is ted liability	and the business offic hereby confirmed that company or as otherw	e of the t the cha	registered inge(s)
		/s/ Jonathan DeLuca	Jon	athan DeL	uca		
S	ignat	ure of a member or authorized representative of a member			Printed or typed name of si	ignee	
pro the to n	visia obli nere	y accept the appointment as registered agent and agree one of all statutes relative to the proper and complete pegations of my position as registered agent as provided perfect a change in the registered office address, I he in writing of this change.	to act i erforma for in Ci reby coi	nce of my a hapter 605. afirm that t	luties, and I am familia F.S. Or, if this docum he limited liability com	o compl ir with a nent is b apany h	y with the ind accept being filed as been
Sig	natur	e of Registered Agent Corporation Service Company I	BY:	Kadesha Ri Asst. Vice F	president		