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LLC REGISTERED AGENT CHANGE PALAFOX LEASING, LLC

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February 22, 2024

FLORIDA DEPARTMENT OF STATE Division of Corporations

PALAFOX LEASING, LLC #3 POYDRAS ST UNIT 5H NEW ORLEANS, LA 70130

SUBJECT: PALAFOX LEASING, LLC

REF: L06000116193

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Mel Solomon Operations Manager A

FAX Aud. #: H24000070727 Letter Number: 724A00003951

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursu submi Floria	ant to the provisions of sections 605.0114 or 605.0116 its the following statement in order to change its restla. PALAFOX L	gistered o	ffice or reg	e undersigned limited liability company istered agent, or both, in the State of		
l. Na	une of the Limited Liability Company:		,			
2. (a)	4241 Veterans Blvd.		(b) 4241 Veterans Blvd.			
, ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY RE POST OF FICE BOX)			
	Suite 200		Suite 200			
	Metairie, LA 70006		Metairie, LA 70006			
	12/5/2006		_060001			
3.	Date of filing/registration in Florida	4.	[Document number		
5. (a)						
	Registered Agent and Registered Office shown on the records of	the Florida I	Dept. of State:			
	115 NORTH CALHOUN STREET	 				
	Registered Office Address (MUST BE FLORIDA STREET)	<u>ADDRESS)</u>		202 TA		
	SUITE 4					
	TALLAHASSEE , FL	32301		MA FEB 23 PM 3: 07		
/ b)	Capitol Corporate Services, Inc.			SY.		
Enter name of NEW Registered Agent and/or NEW Registered Office address:				C.F. PH		
				ب		
	515 East Park Avenue 2nd Fl		·mr ·	음· 01		
	NEW Registered Office Address:			-		
	Tallahassee FL	32301				
	,					
the cha agent was/w	limited liability company is not organized under the lay ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited li- ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the regist ability cor of the limi	tered office ampany, it is ted liability ability comp	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in eany.		
Signa	iture of a member or authorized representative of a member			Printed or typed name of signee		
provis the ob to mer	by accept the appointment as registered agent and agr ions of all statules 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.	ree to act i performa d for in Ci hereby coi	in this capac ince of my di hapter 605, nfirm that th	city. I further agree to comply with the this, and I am familiar with and accept F.S. Or, if this document is being filed be limited liability company has been		
				t Secretary on		
Signati	are of Registered Agent behalf	of Capit	ol Corpor	ate Services, Inc.		

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