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Division of Corporations

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AU PROPERTIES, LLC

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## 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. No	ame of the limited liability company: AU Properties		
2. (a)	3501 NW 21st Street	(Ь)	3501 NW 21st Street
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	\-/	Mailing address of limited liability company.  (Note: MAY BE POST OFFICE BOX)
	Coconut Creek, Florida 33066	·	Coconut Creek, Florida 33066
	7/12/2007		L07000072623
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	NORTHWEST REGISTERED AGENT LLC		ı
• • • • • • • • • • • • • • • • • • • •	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:		
	7901 4TH ST N STE 300		•
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	
	ST. PETERSBURG FI	33702	. · · · · · · · · · · · · · · · · · · ·
(b)	Business Filings Incorporated	•	2024 APR
(0)	Enter name of NEW Registered Agent and/or NEW Registered	d Office add	<u> </u>
	1200 South Pine Island Road		PH
	NEW Registered Office Address:		<u> </u>
			л 2
	Plantation	L 33324	
			<del></del>
the cha agent v	imited liability company is not organized under the la inge or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited li- ere authorized by an affirmative vote of the members cles of organization or the operating agreement of the	f the regist iability cor of the limi	tered office and the business office of the registered mpany, it is hereby confirmed that the change(s) ted liability company or as otherwise provided in
		Art ———	hur Presser, Member
-	nurs of member anthorized representative of a member		Printed or typed name of signee
provisi the obl to mere notified	by accept the appointment as registered agent and ag ons of all statutes relative to the proper and complete igations of my position as registered agent as provide the reflect a change in the registered office address. I d in writing of this change.	rce to act e performa ed for in C hereby co	in this capacity. I further agree to comply with the ince of my duties, and I am familiar with and accept hapter 605, F.S. Or, if this document is being filed after the limited liability company has been
	re of Registered Agent		
	Dac AVP Business Filings Incomprated		
	Division of Corporations P.O. FILING F	Box 6327 EE: \$25.6	• Tallahussee, FL 32314 00