## L070000996002

(Requestor's Name)						
(Address)						
<i>(, ic.</i>						
(Address)						
(City	y/State/Zip/Phone #)					
PICK-UP	WAIT MAIL					
(Bus	siness Entity Name)					
(00:	siness Charly (4ame)					
(Do	cument Number)					
Certified Copies	Certificates of Status					
· · · · · · · · · · · · · · · · · · ·						
Special Instructions to Filin	g Officer:					
	. LIODNE					
	J. HORNE					
	JAN - 5 2023					
<u></u>						

Office Use Only



600420974066

23 JAN-4 AM 9: 59

RECEIVED
2024 JAN-4 AM II: 28
40 TALLAHAS SEE, FLORIDAS

CORPORATION SERVICE COMPANY 1201 Hays Street

CERTIFIED COPY
XX PLAIN STAMPED COPY

Tallhassee, FL 32301 Phone: 850-558-1500

	ACCOUNT NO.	:	120000000	195	
	REFERENCE	:	218649	7186082	
	AUTHORIZATION	:	Charely	Flace	.)
	COST LIMIT	:	\$ 25.00		
ORDER DATE :	December 19, 202	:3			
ORDER TIME :	8:20 AM				
ORDER NO. :	218649-049				
CUSTOMER NO:	7186082				
	CHANGE OF A	 .GEN	<u> </u>		
NAME:	TRB APOPKA LL	ıC			
PLEASE RETUR	N THE FOLLOWING AS	PR	OOF OF FIL	.TNG·	

EXAMINER:

CONTACT PERSON: Alexxis Weiland-sorenson -- EXT#

## 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	ame of the limited liability company: TRB APOP	KA LLC			
2. (a)	60 CUTTER MILL ROAD, SUITE 303	(b)	60 CUTTER MILL ROAD, SUITE 303		
( )	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	:	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)		
	GREAT NECK, NY 11021		GREAT NECK, NY 11021		
	10/01/2007		_07000099602		
3.	Date of filing/registration in Florida	4.	Document number		
5. (a)					
	Registered Agent and Registered Office shown on the record	Is of the Florida I	Dept. of State:		
	UNITED CORPORATE SERVICES, INC.				
	Registered Office Address (MUST BE FLORIDA STRE	<u>ET ADDRESS)</u>			
	3458 LAKESHORE DRIVE				
	TALLAHASSEE	. FL_32312	32. N		
		, rL			
(b)			ress:		
( )	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Regist</u>	ered Office addi			
	Corporation Service Company		ess:		
	NEW Registered Office Address:				
	1201 Hays Street				
	<b>T</b> W. I	20004			
	Tallahassee	. FL. 32301			
change agent v was/wo	imited liability company is not organized under the or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limite authorized by an affirmative vote of the membecles of organization or the operating agreement of	the registered d liability comers of the limit	pany, it is hereby confirmed that the change(s) ed liability company or as otherwise provided in		
	/s/ Jill Cilmi	Jill Ci	Jill Cilmi, Authorized Person		
	ture of a member or authorized representative of a member		Printed or typed name of signee		
provisi the obli- to mere notified	by accept the appointment as registered agent and ons of all statutes relative to the proper and compligations of my position as registered agent as provide reflect a change in the registered office address I in writing of this change.  Grace E. Kirby, Asst. Vere of Registered Agent	lete performan ided for in Ch s. I hereby con	n this capacity. I further agree to comply with the ce of my duties, and I am familiar with and accept apter 605, F.S. Or, if this document is being filed firm that the limited liability company has been		