L07000127.367

(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:						
J, DENNIS						
J. Dennis 11/25/24						

Office Use Only



600435216856

2024 NOV 25 PM 3: 16

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	nme of the limited liability company: FLAGLER RE	AL ESTA	TÉ DEV	ELOPMENT L	LC
2. (a)	C/O FECI		(b) C/O FECI		
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(**)	-	ress of limited liability company: IAY BE POST OFFICE BOX)
	350 NW 1ST AVENUE STE 200		P.O.		
	MIAMI, FL 33128		MIAN	/II, FL 33116	
	12/27/2007		L07000127367		
3.	Date of filing/registration in Florida	4.		Documer	nt number
5. (a)					
(-)	Registered Agent and Registered Office shown on the records of	of the Flori	da Dept. o	f State:	
	COBB, KOLLEEN O.P. C/O FECI				
	Registered Office Address (MUST BE FLORIDA STREET	T ADDRES	<u>SS)</u>		
	350 NW 1ST AVENUE STE 200				
	MIAMI F	33128	<u> </u>		
					V 25 AV
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:			<u> </u>	名で 田田
	Enter name of NEW Registered Agent and/or NEW Registere	ed Office a	<u>(ddress</u> :		TS I
	Corporation Service Company				1: 18
	NEW Registered Office Address:				
	1201 Hays Street				
	Tallahassee	32301			
	·	<u> </u>			
change agent v was/we	imited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited laste authorized by an affirmative vote of the members icles of organization or the operating agreement of the	ne registe liability o s of the li	red offic company mited lia	e and the busing it is hereby company	ness office of the registered onfirmed that the change(s)
	/s/ Kolleen Cobb	Ko	lleen Co	obb, Authorized	d Person
Signa	ture of a member or authorized representative of a member			Printed or	typed name of signee
provisi the obl to mer	by accept the appointment as registered agent and agions of all statutes relative to the proper and complet ligations of my position as registered agent as providely reflect a change in the registered office address, and in writing of this change.	gree to ac e perforn led for in I hereby c	ct in this nance of Chapter confirm	capacity. I fu my duties, and 605, F.S. Or, that the limited	orther agree to comply with the d I am familiar with and accept, if this document is being filed d liability company has been
					t Vice President
Cimmon	ra of Dagietarad Agant				