Division of Corporations 7/22/2021

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Division of Corporations

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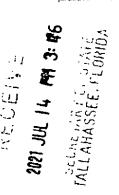
From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

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LLC REGISTERED AGENT CHANGE CENTENNIAL HOLDINGS (BREVARD), LLC

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Help

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

Bursuant 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.

i. Na	nne of the limited liability company: CENTENNIAL I	IOLDINGS (BF	REVARD), LLC	
2. (a)	482 S Keller Road	Road (b) 482 S Keller Road		
. (=)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	3rd Floor	3rd	Floor	
	Orlando, FL 32810	Orlando, FL 32810 L09000108300		
	11/09/2009			
3,	Date of filing/registration in Florida	4.	Document number	
: (a)	GONZALEZ, FRANK D., ESQ.			
(b)	Registered Agent and Registered Office shown on the records of C/O The Children's Home Society of Florida	the Florida Dept.	of State:	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			
	482 S Keller Road, 3rd Floor		202) ALL	
	Orlando , FI	L ³²⁸¹⁰	FIL 2021 JUL 14 SEGALDAN ALLAHASSE	
	Corporate Creations Network Inc.		ل با بارا	
	Enter name of NEW Registered Agent and/or NEW Registered	d Office address:	FE CO	
	801 US Highway 1		9: 29 0:86	
	NEW Registered Office Address:			
	North Palm Beach	L 33408		
change agent was/w	limited liability company is not organized under the la e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited li- ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	e registered off lability compar of the limited limited liabili	fice and the business office of the registered ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in ity company.	
	iture of a member or authorized representative of a member	Sean Arm	o, Attorney-in-Fact Printed or typed name of signce	
I here provis the ob to mer	ture of a member of authorized representative of a member of the appointment as registered agent and ag ions of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address. It is writing of this change.	, 13/17/11/11/11/11/11/11/11/11/11/11/11/11/	is capacity. I further agree to comply with the of my duties, and I am familiar with and accept	
\leq	Sean Arno, Special Secretary			
Signati	ure of Registered Agent			