## LII 000037498

(7)					
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Eusinese Linus Marile)					
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ALLAHASSEE, FLORIDA

SEP - 9 2022

S. PRATHER

## **COVER LETTER**

. 1,

TO: Registration Section Division of Corporations	
CWM FLORIDA PROPERTIES LLC. SUBJECT:	
	d Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change	and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to	the following:
CHRISTINE VITOLO	
Name of Person	<del></del>
CWM FLORIDA PROPERTIES	
Firm/Company	
1235 NE 8TH AVE	
Address	
FORT LAUDERDALE, FL 33304	
City/State and Zip Code	<del></del>
CMCM5050PARTNERS@GMAIL.COM	
E-mail address: (to be used for future annual report n	otification)
For further information concerning this matter, please call:	
CHRISTOPHER MCKINLEY 954	763-5488
Name of Person	Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tollubraryov Nr. 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

☐ \$55 Filing Fee & Certified Copy

Enclosed is a check for the following amount:

■ \$25 Filing Fee

## 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;	DA PROPERTI		
2.	(a)	1235 NE 8TH AVE, FORT LAUDERDALE FL 33304	(b)	PO BOX 24903 - FORT LAUDERDALE, FL 33307	
		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)	
			<del></del> -		
		06/15/2022	L	L11000037498	
<ul><li>3.</li><li>5.</li></ul>	(a)	Date of filing/registration in Florida CHRISTOPHER MCKINLEY	4.	Document number	
J. (	()	Registered Agent and Registered Office shown on the record: 1235 NE 8TH AVE.	s of the Florida D	Dept. of State:	
		Registered Office Address (MUST BE FLORIDA STRE	ET ADDRESS)	2	
		FORT LAUDERDALE	, FL_33304		
	(b)	CHRISTINE VITOLO		.î. AH	
	(0)	Enter name of NEW Registered Agent and/or NEW Registe	ered Office addr	dress:	
		1235 NE 8TH AVE		PH C	ו כ
		NEW Registered Office Address:		2022 JUN 21 PM 1: 47 SALLAHÄSSEE, FLORIDA	
		FORT LAUDERDALE	. FL 33304		
ch ag wa	ange ent v is/we	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 limited authorized by an affirmative vote of the membered of organization or the operating agreement of	the registered d liability com rs of the limite	d office and the business office of the registered mpany, it is hereby confirmed that the change(s) ited liability company or as otherwise provided in	
			CHRIS	ISTOPHER MCKINLEY	
	giāna	ture of a member or authorized representative of a member		Printed or typed name of signee	
pro the to	ovisi 2 obl mere	by accept the appointment as registered agent and complions of all statutes relative to the proper and compligations of my position as registered agent as provely reflect a change in the registered office address d in writing of this change.	agree to act in ete performan ided for in Ch . I hereby conj	in this capacity. I further agree to comply with the rnce of my duties, and I am familiar with and acce hapter 605, F.S. Or, if this document is being file infirm that the limited liability company has been	e pt d

Signature of Registered Agent