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Date: 12/09/2021

D	ate:	12/09/2021	w: DW
		Acc#I20160000072	4: () = V
Name:	The Verleur	Group LLC	
Document #:			
Order #:	14007908		
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of Apostille/Notarial Certification:	Certified:	Country of Destination: Number of Certs:	
	COGS:		
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Thank you!

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: THE VERLEUR	GROUP I.	LC
2. (a)			
, ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	3050 Biscayne Blvd Suite #700		3050 Biscayne Blvd Suite #700
	Miami, FL 33137		Miami, FL 33137
	05/13/2011	1	.11000056922
3.	Date of filing/registration in Florida	- _{4.} -	Document number
5. (a)	Verleur, Jan A, Mr.		
J. (a)	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET) 1521 Alton Road #856,	ADDRESS)	
	Miami Beach , FI	33139	
(b)	C T Corporation System		1055:
(0)	Enter name of NEW Registered Agent and/or NEW Registered	d Office add	ress:
	NEW Registered Office Address:		
	1200 South Pine Island Road		
	Plantation , FI	33324 L	, ,
the cha agent v was/wa the art	limited liability company is not organized under the la ange 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 icles of organization or the operating agreement of the	f the regist iability cor of the limi : limited li	ered office and the business office of the registered npany, it is hereby confirmed that the change(s) ted liability company or as otherwise provided in ability company.
Signa	thre of a member or authorized representative of a member		Jan Verleur Printed or typed name of signee
provisi the obi to mer notifie 3y:	,	ed for in C. hereby co.	in this capacity. I further agree to comply with the nce of my duties, and I am familiar with and accept hapter 605, F.S. Or, if this document is being filed nfirm that the limited liability company has been tant Secretary
Signatu	ire of Registered Agent		

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00