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LLC REGISTERED AGENT CHANGE 712 LEXINGTON AVE, LLC

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KAR 25 2023





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.

l	Na	me of the limited liability company: 712 LEXINGTO	IVA NC	3, L —	rc					
2.	(a)			ſb)					
,		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			(b)					
		101 MONTGOMERY ST., STE 2800			101 MONTGOMERY ST., STE 2800					
		SAN FRANCISCO, CA 94104			SAN FRAI	INCISCO, CA 94104				
		12/02/2022			L110000576	44				
3.		Date of filing/registration in Florida	4.	-		Document ni	ımber			
5	(a)	TINA CHARLES, OWNER								
5. (a)		Registered Agent and Registered Office shown on the records of the Florida Dept. of State N/A				• ::				
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				•				
		, FL								
	(L)	TINA A. CHARLES						202		
(b)		Enter name of NEW Registered Agent and/or NEW Registered Office address:				•	: •	2023 FEB		
		8871 SW 9TH COURT					÷.	B 24	三	
		NEW Registered Office Address:						PH		
		· · · · · · · · · · · · · · · · · · ·					-	5: 0		
		PEMBROKE PINES , FL			<u>-</u>					
cbe age wa	nge nt w	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 later authorized by an affirmative vote of the members cless of organization or the operating agreement of the	e regist jability of t he l	ere con lim	d office and mpany, it is ited liability	the business hereby confi company or	office of that	the regis the char	stered ige(s)	
18	1	Tina A. Charles	Ţ	יאוו	A A. CHARL	ÆS				
_		ture of a member or authorized representative of a member	<u></u>	_		Printed or type	d name of sig	gnee		
pro the to t	visio obli nere	by accept the appointment as registered agent and agens of all statutes relative to the proper and completigations of my position as registered agent as providely reflect a change in the registered office address, left in writing of this change Tina A. Charles	ree to de perfor ed for it hereby	act ma n C r co	in this capa nce of my d hapter 605, nfirm that th	city. I furthe uties, and I a F.S. Or, if t he limited lia	r agree to im familian his docume bility comp	comply with are ent is be cany ha	with the nd accept ing filed s been	

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

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Signature of Registered Agent