L11000058379

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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088
If there are any issues
please contact Cheyanne at
850-202-1882

Date:	12/20/2024									
Name:	Cheyanne Davis									
	2597601									
	3 SL	NSET CAY, LLC								
	es of Incorporation/Authoriza									
Ame	ndment									
✓ Change of Agent										
Reinstatement										
☐ Conv	Conversion									
☐ Merg	er									
☐ Dissolution/Withdrawal										
☐ Fictit	ious Name									
☐ Othe	r									
Authorized /	Amount: \$25									
Signature:	Ohyma Paine									

F: +852.2682.9790

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.

١.	Na	me of the limited liability company:3 SUNSE	CAY	′, LI	<u>-LC</u>			
2. (a)		4520 EAST WEST HWY, STE 200		h)	4520 EAST WEST HWY, STE 200			
`		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) BETHESDA MD 20814			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) BETHESDA MD 20814			
		DETTIESDA IND 20014	_	_				
		5/17/2011			L11000058379			
3.		Date of filing/registration in Florida	4.		Document number			
5. (a	(2)	LYNN, SANDRA T						
٠, ٠	(4)	Registered Agent and Registered Office shown on the records of the	he Florid	a De	ept_of State:			
		7 BARRACUDA LN						
		Registered Office Address (MUST BE FLORIDA STREET A	TĂĹĹ	2024 DEC 26	-171			
		KEY LARGO . FL	3303	37	AHASS	EC 26		
(b)	b)	Cogency Global Inc.			SEE, F			
		Enter name of NEW Registered Agent and/or NEW Registered Office address:			E CONTRACTOR CONTRACTO	PM 4: 22		
		115 North Calhoun Street, Suite 4				10		
		NEW Registered Office Address:						
		Tallahassee p:	2	3230				
		Tallahassee						
the agei	cha nt w /we	mited liability company is not organized under the law inge or changes are made, the Florida street address of fill be identical. Or, in the case of a Florida limited lia are authorized by an affirmative vote of the members of the organization or the operating agreement of the l	the regi bility co f the lin	stero omp nitec	red office and the business office pany, it is hereby confirmed that ed liability company or as otherw	of the	registered inge(s)	
		s/ Eleanor Wells			Eleanor Wells			
Si	gnat	ure of a member or authorized representative of a member			Printed or typed name of si	gnee		
prov the e	visio obli iera fiea	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete parties of my position as registered agent as provided by reflect a change in the registered office address. I have in this change. Tim Mayville, Assistant Secretary	e to aco perform I for in C creby c	t in anc anc Cha _j onfi	this capacity. I further agree to ce of my duties, and I am familia apter 605, F.S. Or, if this docum firm that the limited liability com	comply r with a ent is b pany h	v with the ind accept leing filed as been	
Sign		e of Registered Agent						