8/30/22, 12:30 PM

Division of Corporations

Florida Department of State Division of Corporations

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LLC REGISTERED AGENT CHANGE TRIPLE FIVE FLORIDA LLC.

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AUG 30 2022 K. Brumble) 1122000294907 3

To:

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 Statistes, 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.

	me of the limited liability company; TRIPLE FIVE 35 SW 12th Ave 104	a	b) 35 SW 12th Ave 104	
(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company: (Note: MAYBE POST OFFICE BOX)	
	Dania Beach, Florida 33004	<u></u>	Dunia Beach, Florida 33004	
	2/3/2012		L12000016928	·-
.	Date of filing/registration in Florida	- 4.	Document number	
(a)	ISAAC S KASZTL			
. (Registered Agent and Registered Office shown on the records of 35 SW 12 AVENUE 104 Registered Office Address (MUST BE FLORID.) STREET.	the Florida I	la Dept. of State.	2
				022
	DANIA BEACH FI	33004		2022 AUG 3
(h)	Business Filings Incorporated			30
(b)	Enter usine of NEW Registered Agent and/or NEW Registered	1 Office prid	idress:	¥
	1200 South Pine Island Road		ORTO	9: 1
	NEW Registered Office Address:		-	9
	Plantation, FI	33324	<u> </u>	
he cha gent w vas/we	mited liability company is not organized under the lange or changes are made, the Florida street address of till be identical. Or, in the case of a Florida limited line authorized by an affirmative vote of the members of the organization of the operating agreement of the	ws of the S f the regist lability cor of the limit	e State of Florida, it is hereby confirmed that after istered office and the business office of the registe ompany, it is hereby confirmed that the change(s) nited liability company or as otherwise provided in	
u	1/01/	Wa	'arren Kasztl, Manager	
Signat	inge of a member or authorized representative of a member		Printed or typed name of signee	
•	or accept the appointment as registered agent and agent of fell statutes calative to the moner and complete	ree to act i performa	t in this capacity. I further agree to comply with the tance of my duties, and I am familiar with and according to the second of the second second to the second se	the rept led
I hereb rovision he obli a merc otified	ons of all statifies relative to the proper and complete gations of my position as registered agent us provide ly reflect a change in the registered office address. It in writing of this change. J	d for in Ci hereby car	confirm that the limited liability company has been	,

FILING FEE: \$25.00

INHS18 (2/14)