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

Date:	12/20/2024	
Name:	Cheyanne Davis	_
Reference #	2597601	_
Entity Name	7220 WISCO	NSIN AVENUE, LLC
☐ Articl	les of Incorporation/Authorization	n to Transact Business
Amer	ndment	
✓ Chan	nge of Agent	
Reins	statement	
Conv	version	
☐ Merg	ger	
Disso	olution/Withdrawal	
☐ Fictiti	ious Name	
Othe	r	····
Authorized A	Amount: \$25	
Signature:	Chyme Paine	

F: 800.944.6607

F: +852.2682.9790



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	Cheyanne Davis							
	2597601	_						
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☐ Amer	ndment							
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☐ Disso	olution/Withdrawal							
Fictiti	ious Name							
☐ Othe	r							
Authorized A	Amount: \$25							
Signature:	(Juyma Paine							

F: 800.944.6607



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. N	ame of the limited liability company:7220 WI	SCONSI	N AVENU	JE, LLC	
2. (a)	4520 EAST WEST HWY, STE 200	(b)	(b) 4520 EAST WEST HWY, STE 200		
2. ()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	("/		Mailing address of limited liability company. (Note: MAY BE POST OFFICE BOX)	
	BETHESDA MD 20814	_	BETH	ESDA MD 20814	
	3/20/2013	_		L13000043454	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)	LYNN, SANDRA T. ESQUIRE				
0. (0.)	Registered Agent and Registered Office shown on the records of t	he Florida	Dept. of Stat	<u>e</u> .	
	7 BARRACUDA LN				
	Registered Office Address (MUST BE FLORIDA STREET)	(DDRESS)		_	
	KEY LARGO FL.	33037	,	FILED 2024 DEC 26 PH	
(b)				111	
	Enter name of NEW Registered Agent and/or NEW Registered Office address:			<u> </u>	
	115 North Calhoun Street, Suite 4			- 52	
	NEW Registered Office Address.		-,	_	
	Tallahassee	32	301	_	
the cha agent was/w	limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the regist ibility cou f the limi	ered offic npany, it i ted liabilit	e and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in	
	/s/ Eleanor Wells			Eleanor Wells	
•	ature of a member or authorized representative of a member			Printed or typed name of signee	
provis the ob to mer notifie	by accept the appointment as registered agent and agrions of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address, I had in writing of this change. Tim Mayville, Assistant Secretary	performa l for in C	nce of my hapter 60:	duties, and I am familiar with and accept 5. F.S. Or, it this document is being filed	

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

Signature of Registered Agent