113000109245

(Re	equestor's Name)				
(Address)					
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☐ SICK-NÞ	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
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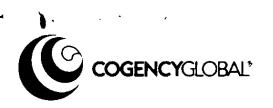


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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 1200000000088 If there are any issues please contact Patrice at 850-202-9071

Date:08/19/2024				
Name: Patrice Rush				
Reference #: 2464103				
Entity Name: EL DORADO 154, LLC				
☐ Articles of Incorporation/Authorization to Ti	ansact Business			
Amendment				
Change of Agent				
☐ Reinstatement				
Conversion				
☐ Merger				
☐ Dissolution/Withdrawal				
Fictitious Name				
Other				
Authorized Amount: \$25.00	_			
Signature: PM	_			

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	me of the limited liability company:	EL DORADO 154, LLC	
2.	(a)	no change	(b)	no change
	()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
3.		8/1/2013 Date of filing/registration in Florida	- <u>-</u> - 4.	L13000109245 Document number
٦.			٦,	Bocument number
5. (a)		REDDEN, DAVID H Registered Agent and Registered Office shown on the records of the		
	(b)	Registered Office Address (MUST BE FLORIDA STREET A 11600 NINTH ST N ST. PETERSBURG , FL Cogency Global Inc. Enter name of NEW Registered Agent and/or NEW Registered	33716	200 MILLOT
		445.14 (4.0.1)		·
		115 North Calhoun Street, Suite 4 NEW Registered Office Address:	· · · · · · · · · · · · · · · · · · ·	
		Tallahassee , FL	32301	
the ag wa	e cha ent v is/we	imited liability company is not organized under the lawinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liabre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the registered bility compar f the limited l	doffice and the business office of the registered by, it is hereby confirmed that the change(s) liability company or as otherwise provided in
		/s/ David Redden		David Redden
,	Signa	ture of a member or authorized representative of a member		Printed or typed name of signee
pro the to	ovisi e obl mere	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete igations of my position as registered agent as provided elv reflect a change in the registered office address, I h d in writing of this change.	ee to act in th performance I for in Chapt sereby confiri	is capacity. I further agree to comply with the of my duties, and I am familiar with and accept er 605, F.S. Or, if this document is being filed in that the limited liability company has been
		/s/ Michael Carlisle		

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

Michael Carlisle, Assistant Secretary

Signature of Registered Agent