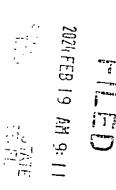
## L14000020261

(Re	questor's Name)					
(Ad	dress)					
(Ädd	dress)					
(Cit	y/Śtate/Zip/Phon	e #)				
PICK-UP	WAIT	MAIL				
(Bu	siness Entity Nar	me)				
(Document Number)						
Certified Copies	_ Certificate:	s of Status				
Special Instructions to Filing Officer						

Office Use Only



800422273998



2024 FEB 19 PM 3:



## 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	ame of the limited liability company: DEPOT 1100	10TH, LL	С				
2	(a)	231 FULTON ST. W	(	(b) 231 FULTON ST. W				
<u>-</u> .	(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	· · ·	(ι/)		failing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
		GRAND RAPIDS, MI 49503			GRAND R	APIDS, MI 49503		
3		02/05/2014		_	L14000020			
3.		Date of filing/registration in Florida	4.		(	Document number		
J.	(a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  Heule, Paulus  Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  1603 JEFFERSON AVE.			2024 FEB			
		MIAMI BEACH	33139					
	(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:  Corporation Service Company  NEW Registered Office Address:			ress:			
		1201 Hays Street						
		Tallahassee	FL_32301					
ch ag wa	ange ent v is/we	imited liability company is not organized under the lor changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the members cles of organization or the operating agreement of the	he register liability co s of the lin	ed on nit	d office and npany, it is ted liability	the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in		
		l Cilmi	JIL	L	CILMI, AUT	HORIZED PERSON		
	-	ure of a member or authorized representative of a member				Printed or typed name of signee		
pro the to	ovisi v obli mere	by accept the appointment as registered agent and a ons of all statutes relative to the proper and complet igations of my position as registered agent as provia by reflect a change in the registered office address. I in writing of this change.	gree to ac le perform led for in ( I hereby c	t i lar Cli ron	n this capac ace of my di apter 605, afirm that th	ity. I further agree to comply with the ties, and I am familiar with and accept F.S. Or, if this document is being filed to limited liability company has been		
Si	gnatu	GRACE E. KIRBY, ASST.	VICE PR	ES	SIDENT			

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

	ACCOUNT NO.	: 1200000	00195						
	REFERENCE	: 310722	7728518						
AU	THORIZATION	: 12	1						
	COST LIMIT	Sr250.00	exen						
		6-5							
ORDER DATE : Febr	uary 7, 2024								
ORDER TIME : 1:2	2 PM								
ORDER NO. : 3107	22-016								
CUSTOMER NO: 7	728518								
	<b>-</b>	<b></b> -							
CHANGE OF AGENT									
NAME: DEPOT 1100 10TH, LLC									
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:									
CERTIFIED XX PLAIN STAM									
CONTACT PERSON: S	hauna Godbolt	EXT#							
		EXAMINE	R:						