L14 000

(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City	/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bus	iness Entity Nan	ne)
(Doc	ument Number)	<u>.</u>
ertified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	

Office Use Only



300440556603

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

	ACCOUNT NO.	:	120000001	95	
	REFERENCE	:	806777	7736597	_
	AUTHORIZATION	:			ie Quint
	COST LIMIT	:	\$ 25.00	\mathcal{O}	will no.
		· - -			
ORDER DATE : [ecember 3, 2024	:			
ORDER TIME :	9:52 AM				
ORDER NO. : 8	306777-023				
CUSTOMER NO:	7736597				
		- 		-	
	CHANGE OF A	<u>GEN</u>	<u>T</u>		
NAME:	MANGROVE RESC	RT	LLC		
PLEASE RETURN T	THE FOLLOWING AS	PR	OOF OF FILI	NG:	
CERTIFI PLAIN S					
CONTACT PERSON:	Amanda Miller	·	EXT#		

EXAMINER: _____

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: MANGROVE F	RESORT	LLC	<u> </u>	<u></u>
2. (a)		((b) _		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		· · · -		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	200 Florida Avenue		2	00 Florio	da Avenue
	Tavernier, FL 33070		7	avernier	r, FL 33070
	05/23/2014		L1	4000084	4006
3.	Date of filing/registration in Florida	 4.			Document number
5. (a)					
(a)	Registered Agent and Registered Office shown on the records o HAWKS, BRYAN	the Floric	ia De	ept. of Stat	 e:
	Registered Office Address 138 SIMONTON ST	"ADDRES	<u> </u>		_
	KEY WEST	33070			_
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> Corporation Service Company	rd Office a	ddre	77 :	24 DEC 11
	NEW Registered Office Address:				하는 그는 그를 받는 그를 받는
	1201 Hays Street				9: 28 Lead
	Tallahassee . F	<mark>32301</mark>			_
change agent w was/we the arti	imited liability company is not organized under the later changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited later authorized by an affirmative vote of the members cles of organization or the operating agreement of the	e register iability c of the lir e limited	red omp nite liab	office and pany, it is d liability ility con	d the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in apany.
	ture of a member or authorized representative of a member		IIX C	narney,	Member Printed or typed name of signce
I herel provisi the obl to merc	by accept the appointment as registered agent and ag ons of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address. I I in writing of this change.	ree to ac e perforn ed for in hereby c	et in ianc Cha confi	this cape te of my o pter 605 irm that	
χ_	hace tokuby	GRACI	EE.	KIRBY	, ASST. VICE PRESIDENT
Signalu	re of Registered Agent \				