L15000003737

	(Requestor's Name)				
	(Address)				
	(Address)				
	(City/State/Zip/Phone #)				
PICK-UP	WAIT MAIL				
	(Business Entity Name)				
(Document Number)					
Certified Copies	Certificates of Status				
Special Instructions to	Filing Officer:				

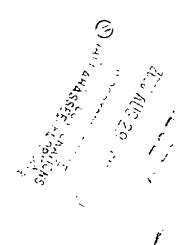
Office Use Only



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:: [5:]



S. ROTLETO

SEP - 1 2023

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 920729 8408630

AUTHORIZATION : Jun.

COST LIMIT : \$ 25.00

ORDER DATE : August 4, 2023

ORDER TIME : 2:05 PM

ORDER NO. : 920729-014

CUSTOMER NO: 8408630

CHANGE OF AGENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY

NAME: 210 SLC REALTY, LLC

CONTACT PERSON: Eyliena Baker -- 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. N	ame of the limited liability company: 210 SLC REA	LTY, LLC	· · · · · · · · · · · · · · · · · · ·	
2. (a)		,	(b)	
(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		.0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	8633 SOUTH BAY DRIVE		8633 SO	UTH BAY DRIVE
	ORLANDO, FL 32818		ORLAND	OO, FL 32818
	01/07/2015		L1500000	3737
3.	Date of filing/registration in Florida	4.		Document number
5. (a)				
3. (a)	Registered Agent and Registered Office shown on the records of WIDEMAN, EDMUND C, III	of the Florid	da Dept, of Sta	te:
	Registered Office Address (MUST BE FLORIDA STREET	T ADDRES	<u>5S)</u>	_
	8633 SOUTH BAY DRIVE			202
	ORLANDO F	3281	8	<u> </u>
		· ·		_
(h)				_
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	ed Office a	<u>ddress</u> :	<u> </u>
	Corporation Service Company			Ö:
	NEW Registered Office Address:			_
	1201 Hays Street			_
	Tallahassee	32301		
change agent v was/w	limited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	ne register liability c of the lir e limited	red office an ompany, it i nited liabilit liability cor	d the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in apany.
	dmund C. Wideman III	<u>Ed</u>	mund C. Wi	deman III, Authorized Person
I here provisi the obi to mer notifie	ture of a member or authorized representative of a member by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as providely reflect a change in the registered office address, I din writing of this change.	gree to ac e perforn ed for in I hereby c	et in this cap nance of my Chapter 603 confirm that	Printed or typed name of signee acity. I further agree to comply with the duties, and I am familiar with and accept 5. F.S. Or, if this document is being filed the limited liability company has been
_	ore of Registered Agent			

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