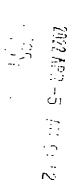
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(Re	equestor's Name)	 					
(Address)							
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PICK-UP	MAIT	MAIL					
(Business Entity Name)							
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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195								
REFERENCE : 590463 4702973								
AUTHORIZATION: Spelle man								
COST LIMIT : \$ 25.00°								
ORDER DATE : April 5, 2022								
ORDER TIME : 1:24 PM								
ORDER NO. : 590463-014								
CUSTOMER NO: 4702973								
CHANGE OF AGENT								
NAME TO STATE OF THE STATE OF T								
NAME: EDGEWATER COURT LLC								
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:								
CERTIFIED COPY XX PLAIN STAMPED COPY								
AN CHAIN STANFED COFT								
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.	Na	me of the limited liability company: EDGEWATER C	OURT	LL	С	
2	(a)	923 N. PENNSYLVANIA AVENUE	(b)	923 N. PE	NNSYLVANIA AVENUE
-	()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ `	Ο,	۸	lailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		WINTER PARK, FL 32789	_	-	WINTER F	PARK, FL 32789
		04/20/2015		i	_15000068	371
 3. 5. 	(a)	Date of filing/registration in Florida WESTMONT LLC	4.			Document number
٥.	()	Registered Agent and Registered Office shown on the records of the 923 N. PENNSYLVANIA AVENUE	he Florid	la I.	Dept. of State	:
		Registered Office Address (MUST BE FLORIDA STREET A	T ADDRESS)			202
		WINTER PARK	32789			
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u> Corporation Service Company <u>NEW Registered Office Address:</u>	Office at	<u>detr</u>	r <u>ess</u> :	:: :: :3
		1201 Hays Street				
		Tallahassee, FL	32301			
cha age wa	ange ent w .s/we	mited liability company is not organized under the law or changes are made, the Florida street address of the rill 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 li	egister oility co the lin	ed om nit	office and pany, it is ed liability	the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
	/S/ .	Andrew Dubill	É	4n	drew Dubi	II, Authorized Person
	-	ure of a member or authorized representative of a member				Printed or typed name of signee
II pro the to not	iereb ovisie obli mere tified	y accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p gations of my position as registered agent as provided by reflect a change in the registered office address. I he I'in writing of this change.	e to act erform for in (ereby c	t ir ean Ch on,	this capa ce of my d apter 605, firm that th	city. I further agree to comply with the uties, and I am familiar with and accept F.S. Or, if this document is being filed be limited liability company has been
	natur	e of Registered Agent E. Kirby, Asst. Vice President				

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