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



900421737589

RECEIVED

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312 (850) 656-4724

| DATE <u>02/13/2024</u> | | **WALK IN** | | |
|------------------------|-------------------------------------|--|--|--|
| ENTITY NAME Gould | d 5959 Collins Ave LLC | | | |
| DOCUMENT NUMBE | ER | | | |
| | **PLEASE FILE TH | E ATTACHED AND RETURN** | | |
| xxxxxxxx | Plain Copy | | | |
| | Certified Copy | | | |
| | Certificate of Status | | | |
| | **PLEASE OBTAIN THE FO | DLLOWING FOR THE ABOVE ENTITY** | | |
| | Certified Copy of Arts & Amendments | | | |
| | Certified Copy of Arts | & Amendments Complete File (Inclading Annual Reports) | | |
| | Certificate of Status | | | |
| | Certificate of Status Rej | flecting: | | |
| | **APOSTILLE' / N | NOTARIAL CERTIFICATION** | | |
| COUNTRY OF DESTIN | ATION | | | |
| NUMBER OF CERTIFIC | CATES REQUESTED | | | |
| TOTAL OWED \$ 25 | | ACCOUNT # 120140000108 / United Corporate Services, Inc. Ny issues or concerns. Thank you so much! | | |
| Please call Tina at | the above number for a | ny issues or concerns. Thank you so much! | | |

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

| l. Ni | ame of the limited liability company: Gould 5959 Coll | lins Ave LLC | | | |
|--|--|---|---|--|--|
| 2. (a) | Principal office address of limited hability company | (b) _ | Mailing address of limited liability company | | |
| | (Note: MUST BE STREET ADDRESS) | | (Note: MAY BE POST OFFICE BOX) | | |
| | 60 CUTTER MILL ROAD, SUITE 303 | 60 (. | 60 CUTTER MILE ROAD, SUITE 303 | | |
| | GREAT NECK, NY 11021 | | EAT NECK, NY 11021 | | |
| | 04/22/2015 | L1500 | 00071244 | | |
| 3. | Date of filing/registration in Florida | 4. | Document number | | |
| 5. (a) | | | | | |
| ·. (a) | Registered Agent and Registered Office shown on the records of | f the Florida Dept. | of State: | | |
| | Gould Investors | | 7 . 21 | | |
| | Registered Office Address (MUST BE FLORIDA STREET | 741 | | | |
| | 9200 SOUTH DADELAND BLVD., SUITE 508 | AH. EB | | | |
| | MIAMI. | 33156 L | PILED 2024 FEB 13 AM II: 20 TALLAHASSEE, FLORID | | |
| | | | AMII: 20 EE, FLORID | | |
| (b) | Enter name of NEW Registered Agent and or NEW Registere | | | | |
| | Enfer name of NEW Registered Agent and or NEW Registere | d Office address: | 20 20 E | | |
| | United Corporate Services, Inc | | | | |
| | NEW Registered Office Address: | | | | |
| | 3458 Lakeshore Drive | | | | |
| | Tallahassee, F | L.32312 | | | |
| change igent v vas/we he a <u>rti</u> | imited 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 letter authorized by an affirmative vote of the members icles of organization or the operating agreement of the little of a member at authorized representative of a member. | e registered offi lability compan of the limited li e limited liabilit | ice and the business office of the registered y, it is hereby confirmed that the change(s) lability company or as otherwise provided in | | |
| rovisi he obl o mer e | 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 d in writing of this change. | ree to act in thi e performance o ed for in Chapte hereby confirm | is capacity. I further agree to comply with the of my duties, and I am familiar with and accept for 605, F.S. Or, if this document is being filed a that the limited liability company has been | | |

Division of Corporations

• P.O. Box 6327

• Tallahassee, FL 32314

• FH.ING FEE: \$25.00

Michael A. Barr Pres., United Corporate Services, Inc.

Signature of Registered Agent