

(Requestor's Name)						
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PICK-UP	MAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	Certificates	of Status				
Special Instructions to Filing Officer:						





2022 APR 15 PM 3: 26

CORPORATION SERVICE COMPANY

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

ACCOUNT NO. : 12000000195 REFERENCE : 621668 7226307 AUTHORIZATION : \$ 25.00							
COST BINAT . V 25.00							
ORDER DATE : April 14, 2022							
ORDER TIME : 1:50 PM							
ORDER NO. : 621166-012							
CUSTOMER NO: 7226307							
CHANGE OF AGENT							
NAME: AW REAL ESTATE MANAGEMENT, LLC							
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY XX PLAIN STAMPED COPY							

EXAMINER:

CONTACT PERSON: Eyliena Baker -- EXT#

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.

١.	Na	ame of the limited liability company: AW REAL ESTA	TE MA	NAGEMEN	ſ, LLC	
2	(a)	11780 US Highway One		(b) 11780 US Highway One		
~.	(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	· /	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BON)	
		SUITE 305	_	SUITE 305		
		North Palm Beach, FL 33408	_	North Pal	lm Beach, FL 33408	
		07/10/2015		L15000119	9341	
3.		Date of filing/registration in Florida JONES FOSTER SERVICE, LLC	4.		Document number	
5.	(a)	Registered Agent and Registered Office shown on the records of the 505 S. FLAGLER DRIVE	he Flori	da Dept. of Stat	_ e:	
		Registered Office Address (MUST BE FLORIDA STREET A SUITE 1100	DDRE:			
		WEST PALM BEACH FL_	33401		2022/22	
	(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u> Corporation Service Company	Office a	iddress:		
		NEW Registered Office Address:			<u>.</u>	
		1201 Hays Street			_	
		Tallahassee, FL	32301		_	
cha age wa	inge ent v s/we	imited liability company is not organized under the law or changes are made, the Florida street address of the rivill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	registe bility c f the lii	red office and company, it is mited liability	d the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in	
	/S/ I	Brian K. Waxman	Bri	ian K. Waxm	an, Manager	
S	ignat	ure of a member or authorized representative of a member	-		Printed or typed name of signee	
pro the to t	visi obl nere	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address. I ha Lin writing of this change.	e to ac perforn for in ereby c	et in this cape nance of my a Chapter 605 confirm that i	acity. I further agree to comply with the huies, and I am familiar with and accept , F.S. Or, if this document is being filed the limited liability company has been	
Sig	natu	Linace C. Kubly re of Registered Agent		Grace E. Kir	by, Asst. Vice President	