Division of Corporations 4/11/23, 4:21 PM

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From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (954)208-0845 Fax Number : (614)573-3996

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LLC REGISTERED AGENT CHANGE PREMIER ESTATES 505, LLC

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T. LEMIEUX APR 1 2 2023

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.

i. Na	me of the limited liability company: PREMIER EST	ATES 505, LLC	С						
2. (a)	7349 MERCHANT COURT	(b) 73	(b) 7349 MERCHANT COURT						
(-,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)						
	LAKEWOOD RANCH, FL 34240								
	12/01/2015	L15	5000201115						
3. 5. (a)	Date of filing/registration in Florida CORPORATE CREATIONS NETWORK INC.	4.	Document number						
, (a)	Registered Agent and Registered Office shown on the records of 801 US HIGHWAY 1	pt. of State:							
	Registered Office Address (MUST BE FLORIDA STREE	2023							
	NORTH PALM BEACH , I	FL. 33408							
(b)	C T Corporation System								
(0)	Enter name of NEW Registered Agent and/or NEW Register								
	NEW Registered Office Address:								
	1200 South Pine Island Road								
	Plantation, I	33324 FL							
the cha agent v was/we the arti	imited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the member icles of organization or the operating agreement of the street of th	of the register lliability comp s of the limited he limited liab	red office and the business office of the registered pany, it is hereby confirmed that the change(s) d liability company or as otherwise provided in pility company. AVIS, MANAGER						
Signa	ture of a member or authorized representative of a member	.,,	AVIS, MANAGER Printed or typed name of signee						
I here provisi the obi to men notifie By: s	by accept the appointment as registered agent and a tions of all statutes relative to the proper and comple ligations of my position as registered agent as proviety reflect a change in the registered office address, d in writing of this change. C T Corporation System SEAN EMPRICK ASSISTANT SECRETARY Calculation of Repistered Agent	igree to act in ete performanc ded for in Cha I hereby confi	this capacity. I further ugree to comply with the se of my duties, and I am familiar with and accept spter 605, F.S. Or, if this document is being filed irm that the limited liahility company has been						

To