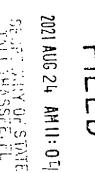
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COVER LETTER

TO: Registration Section Division of Corporations	
21423 PAGOSA CT, LLC SUBJECT:	
	Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Cl	nange and fee(s) are submitted for filing.
Please return all correspondence concerning this mat	ter to the following:
Eric Salpeter	
Name of Person	
Salpeter Gitkin, LLP	
Firm/Company	
3864 Sheridan Street	
Address	···
Hollywood, FL 33021	
City/State and Zip Code	
jessica@salpetergitkin.com	
E-mail address: (to be used for future annual re	port notification)
For further information concerning this matter, pleas	e call:
Eric Salpeter	954 467-8622
Name of Person	Area Code & Daytime Telephone Number
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Faulandia - 1 - 1 f - 4 - 6 M - 5	
Enclosed is a check for the following amou	
■ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

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	ame of the limited liability company: 21423 PAGOSA	CT, L	LC					
2. (a)	21/123 Pagives Ct 11/19 W P				Palmetto Par	k Rd		
. (d)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0	#970932		ess of fimited fini Y BE POST OF		
	Boca Raton, FL 33486	_		Boca Rate	on, FL 33497			· · · · · · · · · · · · · · · · · · ·
	05/02/2016		ı	.16000085	8805			
3. S. (a)	Date of filing/registration in Florida UNITED STATES CORPORATION AGENTS, INC.	4.	_	-	Document	number		
. (")	Registered Agent and Registered Office shown on the records of 5575 S. Semoran Blvd.	the Flo	ırida	Dept. of Sta	nte:			
	Registered Office Address (MUST BE FLORIDA STREET) Suite 36	ADDR	ESS		_	202 Seri		
	Orlando , FI	3282: L	2			<u>j</u>	2021 AUG	П
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address: 3864 Sheridan Street NEW Registered Office Address:				SEE, FL	AM 11: 04	ED	
	Hollywood	3302	<u> </u>		_			
hange gent we vas we ne arti	mited liability company is not organized under the la or changes are made, the Florida street address of the fill be identical. Or In the case of a Florida limited line authorized by an affirmative vote of the members of the organization of the operating agreement of the first of the appointment as registered agent and agree of all standers relative to the proper and complete gations of my position as registered agent as provide by reflect a charge in the registered office address, I in writing of the change	e regist ability of the limite	tered cor limited list	office ar apany, it is ed liability cor Andrews	nd the busine is hereby corty company on the printed or type o	ess office of the firmed that to or as otherwise contains of the firmed that t	ne registe he chang se provid	ered e(s) led in