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Account Number : I20160000048 Phone : (800)345-4647 Fax Number : (800)432-3622

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LLC REGISTERED AGENT CHANGE **AEA WESTCHASE LLC**

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T. LEMIEUX APR 19 2023

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Florid	s the following statement in order to change its read. AEA WEST	CHASE LLC	value of	
. Na	me of the Limited Liability Company:			
2. (a)	8080 Countryway Blvd	(b) PO Box 339 Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			
	Tampa, FL 33635	Winder	mere, FL 34786	
	1/1/1900		0207270	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	AE RED LLC		_	
	Registered Agent and Registered Office shown on the records of	f the Florida Dept. of Sta	ite:	
	656 E 6th Av Registered Office Address (MUST BE FLORIDA STREET)	(ADDRESS)	_	
	Registered Office Address	The Property of the Property o	2023	
	Windermere	 L 34786		
	,,		- - -	
(b)	Capitol Corporate Services, Inc.	1000		
	Enter name of NEW Registered Agent and/or NEW Registere	o Onice Indices:	PH 12:	
	515 East Park Avenue 2nd Fl		:: %	
	NEW Registered Office Address:		M	
			_	
	<u>Tallahassee</u> , F	L_32301	_	
he cha igent v was/w	imited liability company is not organized under the lange or changes are made, the Florida street address owill be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members in the same agreement of the	of the registered office liability company, it of the limited liabili	to and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in	
•		Fabrizio	Spinelli	
Signa	report Granustics or authorized representative of a member		Printed or typed name of signee	
provisi he obi to mer	by accept the appointment as registered agent and as ions of all statutes relative to the proper and complet ligations of my position as registered agent as provid ely reflect a change in the registered office address, i d in writing of this change.	gree to act in this ca e performance of my led for in Chapter 6U I hereby confirm tha	pacity. I further agree to comply with the duties, and I am familiar with and accept 15, F.S. Or, if this document is being filed t the limited liability company has been	

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

Brian Radecki, Assistant Secretary on behalf of Capitol Corporate Services, Inc.

Signature of Registered Agent