(Requestor's Name)							
(Address)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(							
(Document Number)							
Certified Copies Certificates of Status							
Consist testerations to Eiling Offices							
Special Instructions to Filing Officer:							
J. HORNE							
JUN 2 3 2022							

Office Use Only



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2022 JUN 22 AM 9: 59



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 **P: 866.625.0838** 

F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088

Date:	06/21/202	22	
	Merrit		
	nce #:1		
Entity N	lame:	PALM CO	AST ALF, LLC
	Articles of Incorpo	ration/Authorization t	o Transact Business
	Amendment		
<b>V</b>	Change of Agent		
f	Reinstatement		
	Conversion		
i	Merger		
	Dissolution/Withdr	awal	
F	Fictitious Name		
	Other		
Authori	zed Amount:	\$25	
Signatu	ıre:	mw	

F: 800.944.6607



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839

COGENCYGLOBAL.COM

Account#: I20000000088

Date: 06/	21/2022	
Name:	Merritt Walker	
	1713132	<u> </u>
Entity Name:	PALM C	OAST ALF, LLC
	Incorporation/Authorization	
☐ Amendme	ent	
Change o	f Agent	
Reinstate	ment	
Conversio	าก	
Merger		
Dissolutio	n/Withdrawal	
Fictitious I	Name	
Other		
Authorized Amou	unt: <b>\$25</b>	
Signature:	mw	

F: +852.2682.9790

## 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.

1. No	ame of the limited liability company: PALM CO	AST ALF, LLC	D		
2. (a)	1515 Indian River Blvd, Suite A232	(h)			
- (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limit	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)		
	Vero Beach, Florida, 32960				
	December 8, 2016	<del></del>	L16000222493		_
3.	Date of filing/registration in Florida	-1.	Document number		
5. (a)	WILLIAMS, JOAN T				
` '	Registered Agent and Registered Office shown on the records (	of the Florida Dept.	of State:		
	445 24TH STREET				
	Registered Office Address (MUST BE FLORIDA STREE)	<del></del>			
	SUITE 300				
	VERO BEACH H	L_32960		2022 SEC TALL	
(b)	COGENCY GLOBAL INC.			JUN 22	77
` '	Enter name of NEW Registered Agent and/or NEW Registered	ed Office address:			
	115 North Calhoun St., Suite 4		<b>AH 9:</b> OF STA		
	NEW Registered Office Address:			<b>59</b>	
	Tallahassee F	32301			
the cha agent v was/wa	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 members icles of organization or the operating agreement of the	aws of the State of the registered liability compan of the limited li	office and the business only, it is hereby confirmed iability company or as other.	office of the re that the chan	gistered ge(s)
	oan Williams	Joan Will	iams		
Signa	ture of a member or authorized representative of a member		Printed or typed name	of signee	

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

/s/ Timothy Mayville

Signature of Registered Agent