Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000308609 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

10:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 ; (614)280-3338 Fax Number : (614)573-3996

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Addres	:	

LLC REGISTERED AGENT CHANGE PHENOM 300, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$55.00

Electronic Filing Menu Corporate Filing Menu

Help

K. SALY SEP 1 1 2024

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:	P	Phenom 300, LLC	
2. (a)	201 F. Las. Olas. Blvd., Suite 2250 Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(t	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	Fort Lauderdale, FL 33301		Fort Lauderdale, FL 33301	
	12/27/2016	_	L16000232319	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	Kenneth C Hoffman			
J. (A)	Registered Agent and Registered Office shown on the records of	the Florida	a Dept, of State:	
	201 E Las Olas Blvd., Suite 2250			
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS	<u> </u>	
				۱
	Fort Lauderdale ,FI.	3330	Ol Heress:	_
(b)	NRAI Services, Inc.		至	(
• ,	Enter name of NEW Registered Agent and/or NEW Registered	Office ad	Idress:	
	1200 South Pine Island Road			
	NEW Registered Office Address:			
	Plantation, FL	33324_		
change agent w was/we	imited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lia- tere authorized by an affirmative vote of the members of	registere ability co of the lim	ed office and the business office of the registered ompany, it is hereby confirmed that the change(s) nited liability company or as otherwise provided in	
the arti-	cles of organization or the operating agreement of the	limited I	liability company.	
/s	/Noemi Romero	<u>No</u>	pemi Romero, Authorized Person Printed or typed name of signee	
I hereh provision the obli to mere notified	by accept the appointment as registered agent and agrouns of all statutes relative to the proper and complete ligations of my position as registered agent as provided ly reflect a change in the registered office address, I have the proper and complete to the proper and complete ly reflect a change in the registered office address, I have the proper of this change. Stephanie Hencz, Assistant Section of Registered Agent	performe I for in C hereby co	t in this canacity. I further garee to comply with the	
Signath	re of Registered Agent			