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(((H23000048110 3)))



H230000481103ABCT

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Division of Corporations

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From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053

Phone : (561)694-8107

Fax Number : (561)214-8442

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## LLC REGISTERED AGENT CHANGE FOURWARD, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

2023

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOT LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability submits the following statement in order to change its registered office or registered agent, or both, in the State of

1. Na	me of the limited liability company:FOI	URWAR	D, LLC	: ·	<u> </u>	<del>-</del>	<u></u> -	_
2. (a)	525 SOUTH FLAGLER DRIVE		(b)	525	SOUTH FL	.AGLER	DRIV	Έ
2. (4)	Principal office address of limited liability comp (Note: MUST BE STREET ADDRESS)	•	_ (0)_		lailing address of (Note: MAY B)	f limited liab	ility con	mpt
	SUITE 201			SUITE	201			_
	WEST PALM BEACH, FL 33401			WEST	PALM BEA	CH, FL	33401	_
	01/23/2017			L1700	00017362			
3.	Date of filing/registration in Florida		4.		Document nur	mber		
5. (a)	WARD, NATHAN S							
	Registered Agent and Registered Office shown on the re	ecords of th	e Florida D	ept, of State				
	7615 S FLAGLER DR							
	Registered Office Address (MUST BE FLORIDA S	TREETA	DDRESS)					
	WEST PALM BEACH	FL_	33405					
(b)	Corporate Creations Network Inc.							
(-)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW R</u>	egistered (	Mce addr	62x	•			
	801 US Highway 1					<i></i>		
	NEW Registered Office Address:			<del></del>		ভ	2027	
							2023 FEB	
	North Palm Beach		33408			•	t Co	:
		, FL_	33400			-	7	<u>( -</u>
change agent v was/we	imited liability company is not organized unde or changes are made, the Florida street addres will be identical. Or, in the case of a Florida line are authorized by an affirmative vote of the me cles of organization or the operating agreemen	ss of the re mited liab embers of	egistered fility comp the limite	office and pany, it is ed liability	I the business of hereby confirmation of a	office of the medithat the	ne <b>fê</b> gis he. <b>ch</b> ar	t after i stered ige(s)
/s/ Ca	aitlin Lazarus		Caitli	in Lazan	us, Attorney	-in-Fact		
Signat	ture of a member or authorized representative of a memb	eī			Printed or typed	name of sign	ncc	
provisi the obl to mere notified	by accept the appointment as registered agent ions of all statutes relative to the proper and co- igations of my position as registered agent as ely reflect a change in the registered office add I in writing of this change.	omplete p provided tress, I he	erformand for in Cha reby conf	this capa ce of my d apter 605, irm that t	city. I further luties, and I an F.S. Or, if th he limited liab	agree to on familiar is docume ility comp	comply with ar nt is be any has	with th nd acce sing file s been
/s/ Cai	itlin Lazarus — Caitlin Lazarus, A	utornev-	ın-racı					

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