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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107

Fax Number : (561)214-8442

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

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LLC REGISTERED AGENT CHANGE **BODEGA HEIGHTS LLC**

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

MAY -8 2022

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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.

L. N	Name of the limited liability company: BODEGA HEIGHTS LLC			
	5001 N. ELORIDA AVE	4.	2701 CENTRAL AVENUE	
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)_	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	TAMPA, FL 33604		ST. PETERSBURG, FL 33713	
				
	02/03/2017		L17000027338	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)) HUNTER BUSINESS LAW			
	Registered Agent and Registered Office shown on the records of	of the Florida D	ept, of State:	
	119 S. DAKOTA AVENUE			
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS)		
	TAMPA1	_{FL} 33606	0022 HAY	
(b)	Corporate Creations Network Inc. Enter name of NEW Registered Agent and/or NEW Registered	ed Office addr	- 2	
	Enter name of NEW REBARTED AREA MADE MADE IN INC.	tu ottet anne		
	801 US Highway 1		- 	
	NEW Registered Office Address:		57	
	North Palm Beach	_{FL} 33408		
				
chang agent was/v	Himited liability company is not organized under the less or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the memberaticles of organization or the operating agreement of the companion of the	he registered liability com s of the limit	office and the business office of the registered pany, it is hereby confirmed that the change(s) ed liability company or as otherwise provided in	
/s/ C	Caitlin Lazarus	Cait	lin Lazarus, Attorney-in-Fact	
_	nature of a member or authorized representative of a member		Printed or typed name of signee	
the o	reby accept the appointment as registered agent and a ssions of all statutes relative to the proper and comple bligations of my position as registered agent as provide erely reflect a change in the registered office address, ied in writing of this change.	igree to act in ite performan ded for in Ch I hereby con	n this capacity. I further agree to comply with the ace of my duties, and I am familiar with and accept apter 605, F.S. Or, if this document is being filed firm that the limited liability company has been	
	aitlin Lazarus Caitlin Lazarus,	Special Se	ecretary	

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

Signature of Registered Agent