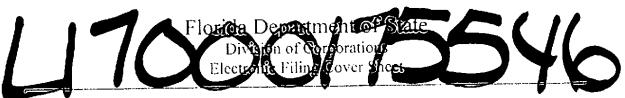
Division of Corporations



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(((H22000052466 3)))



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T. LEMIEUX FEB 10 2022

## 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

Nan	ne of the limited liability company: LDR VENT	TURES PARTN	ER COURT BUDDY LLC	
	209 N Fort Lauderdale Beach Blvd. 6C	(b) 209	N Fort Lauderdale Beach Blvd. 6C	
(0) _	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)	
	Fort Lauderdale, FL 33304	Fort	t Lauderdale, FL 33304	
	08/16/2017	L170	000175546	
-	Date of filing/registration in Florida	4.	Document number	
(a)	Robyn E. Koven			
	Registered Agent and Registered Office shown on the record	s of the Florida Dept. o	of State:	
	209 N Fort Lauderdale Beach Blvd. 6C			
	Registered Office Address (MUST BE FLORIDA STRE	ET ADDRESS)		
	Fort Lauderdale	, <sub>FL</sub> 33304		
(b) _	UNITED STATES CORPORATION AGEN	NTS, INC.	22	
١	Enter name of NEW Registered Agent and/or NEW Register	ered Office address	Th (30	
	5575 S. Semoran Blvd., Suite 36		— — — — — — — — — — — — — — — — — — —	
	NEW Registered Office Address:			
	Orlando	, FL_32822		
e chai gent w as/wei	mited liability company is not organized under the use or changes are made, the Florida street address ill be identical. Or, in the case of a Florida limite authorized by an affirmative vote of the membeles of organization or the operating agreement of	is of the registered and liability compan ars of the limited li the limited liabilit	office and the business office of the registe by, it is hereby confirmed that the change(s) liability company or as otherwise provided in	
Signate	re of a member or authorized representative of a member		Printed or typed name of signee	
ovisii e obli mere	y accept the appointment as registered agent and ons of all statutes relative to the proper and comp gations of my position as registered agent as prov by reflect a change in the registered office address in writing of this change.	l agree to act in the lefe performance o vided for in Chapto s, I hereby confirm	is capacity. I further agree to comply with in of my duties, and I am familiar with and accert 605, F.S. Or, if this document is being find that the limited liability company has been	

CHEVENNE MOSELEY, ASSISTANT SECRETARY, UNITED STATES CORPORATION AGENTS, INC.

Signature of Registered Agent