L11000204706

	(Requestor's Name)	
	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
	_	
PICK-UP	WAIT	MAIL
	(Business Entity Name)	
	(Cosiness Entity Harrie)	
	(Document Number)	
Certified Copies	Certificates of S	tatus
		
Special Instructions to	Filing Officer:	
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Office Use Only



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2023 OCT -9 AM 9: 54

Distruction of the first

CORPORATION SERVICE COMPANY 1201 Hays Street

CONTACT PERSON: Eyliena Baker -- EXT#

Tallhassee, FL 32301 Phone: 850-558-1500

		ACCOUNT NO.	:	I2000000195	
		REFERENCE	:	030803	
		AUTHORIZATION	:	The same of the sa	
		COST LIMIT	:	\$ 25.00	
ORDER DA	ATE :	October 3, 2023		*	
ORDER TI	IME :	1:10 PM			
ORDER NO	o. :	030803-060			
CUSTOMER	R NO:	8425129			
					-
		CHANGE OF A	GENT	<u>TT</u>	
И	NAME :	CERES VI, LLC			
		THE FOLLOWING AS	PRO	OOF OF FILING:	
XX	PLAIN	STAMPED COPY			

EXAMINER: _____

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.	Na	ame of the limited liability company: CERES VI, LL	-C				
2.	(a)	6968 PROFESSIONAL PARKWAY		(b)	6968 PR	OFESSIONAL PARKWAY	
	()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	(0)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
		SARASOTA, FL 34240			SARASO	TA, FL 34240	
		10/04/2017			L1700020	14706	
3.		Date of filing/registration in Florida	4.			Document number	
5.	(a)	Laurie, Tia					
J. (C	()	Registered Agent and Registered Office shown on the records of 6968 PROFESSIONAL PARKWAY	of the Fl	orida	Dept. of State	e:	
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				~	
		SARASOTA, F	342	40		2023 OCT	
						a a a	
	(b)	Enter name of NEW Registered Agent and/or NEW Registered	ed Offic	hbs e	ress:	FILED OCT -9 AH 9:54 LAHASSEE FLORIDA	
				<u> </u>			
		Corporation Service Company					
		NEW Registered Office Address:				- LORE 9: 5	
		1201 Hays Street				51 RIDA	
						-	
		Tallahassee F	L_3230	01		_	
cha age wa	inge ent w s/we	mited liability company is not organized under the la or changes are made, the Florida street address of th fill be identical. Or, in the case of a Florida limited I re authorized by an affirmative vote of the members cles of organization or the operating agreement of the	e regis liability of the	tered con limit	l office and ipany, it is ed liability	d the business office of the registered shereby confirmed that the change(s) y company or as otherwise provided in	
		De CiOnes	•	JILL (CILMI, AU	THORIZED PERSON	
		ure of a member or authorized representative of a member				Printed or typed name of signee	
pro the to i	obli nere	y accept the appointment as registered agent and agons of all statutes relative to the proper and complete gations of my position as registered agent as providely reflect a change in the registered office address. I in writing of this change.	gree to e perfo ed for l hereb	act in rman in Cli v con	n this capa ace of my d apter 605, firm that t	acity. I further agree to comply with the luties, and I am familiar with and accept , F.S. Or, if this document is being filed the limited liability company has been	
Sig	natur	e of Kegistered Agent	GRAC	EE.	KIRBY. A	ASST. VICE PRESIDENT	