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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : 120160000017 Phone : (855)498-5500 Fax Number : (800)432-3622

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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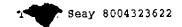
MECHANICA 19 NIC: 3

LLC REGISTERED AGENT CHANGE CURMAC REAL ESTATE, LLC

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

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JUN 05 2020



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. Name of the limited liability company: Curmac Real Estate, LLC						
,	(a)	6003 Perrine Ranch Road	_ _ (t	330 Bath	Club Blvd. N	
	(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (M	ailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
		New Port Richey, FL 34655	-	North Rec	dington Beach, FL 33708	
		07/27/2018	•	L1800018	1869	
3.		Date of filing/registration in Florida	4.		Document number	
5.	(a)	Capitol Corporate Services, Inc.				
	` '	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:		20		
		515 East Park Avenue, 2nd Floor		2		
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)						
					1	
		Tallahassee, FL	32301		ూ.	
	(b)	Brian Theriault			2020 JUH-4 AH 10: 42	
	.,	Enter name of NEW Registered Agent and/or NEW Registered Office address:			12	
		330 Bath Club Blvd. N				
		NEW Registered Office Address:				
		North Redington Beach, FL	33708	3		
th ag	e cha gent i as/w	imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the reg bility of f the lis	istered office company, it is mited liability	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in	
_	==		Вг	ian Theriau	it, Manager	
	Sign	fure of a member or authorized representative of a member			Printed or typed name of signee	
I pr th to no	here rovis le oh mer otifie	by accept the appointment as registered agent and agri- tions of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address, I h d in writing of this change.	ee to a perfori I for in iereby	ct in this cape nance of my a Chapter 605 confirm that i	ucity. I further agree to comply with the futies, and I am familiar with and accept , F.S. Or, if this document is being filed the limited liability company has been	
5	ignan	ire of Registered Agent				

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

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