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To:

Division of Corporations

# Florida Department of State

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Division of Corporations

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Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (614)573-3996

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# LLC REGISTERED AGENT CHANGE MCCRANEY FAMILY LLC

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OCT 28 2024 K. Brumbley

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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.

1.	Same of the limited liability company: MCCRANEY FA	MILY I		
2. (a)	Principal office address of limited liability company ( <u>Note: MUST BE STREET ADDRESS</u> )	(		failing address of fimited hability company:  (Note: MAY BE POST OFFICE BOX)
	2257 VISTA PKWY., #15		2257 VIST.	A PKWY., #15
	WEST PALM BEACH, FL 33411	_	WEST PAL	M BEACH, FL 33411
	08/15/2018		1.1800019580	64
3. 5. (a	Date of filing/registration in Florida STEVEN MCCRANEY	4.		Document number
5. (a)	Registered Agent and Registered Office shown on the records of 2257 VISTA PKWY., #15	the Flori	ia Dept of State	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			
	WEST PALM BEACH FI	33411		
<b>(</b> b	C. F. Corporation System			Zer. 1
	Enter name of NEW Registered Agent and/or NEW Registered	Office a	<u>ddress</u>	
	NEW Registered Office Address:			- -
	1200 South Pine Island Road			8
	Plantation . FI	33324		000
the cl agent was v	limited liability company is not organized under the law nange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	f the reg ability of of the li- limited	istered office company, it is nited liability liability com	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany.
	EVEN MCCRANEY	ST	EVEN MCCR.	
I her provi the o to me notifi By:	nature of a member or authorized representative of a member  eby accept the appointment as registered agent and agis  sions of all statutes relative to the proper and complete  bligations of my position as registered agent as provide  rely reflect a change in the registered office address, I  ed in writing of this change.  C.T. Corporation System  AULA Feld.  ture of Registered Agent, Michele Holden, Asst. Secretary	ree to a perfori d for in hereby	a in this cana	Printed or typed name of signee with the with. I further agree to comply with the httes, and I am familiar with and accept F.S. Or, if this document is being filed he limited hability company has been