Division of Corporations

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	Τo:	Division of Corporations Fax Number : (850)617-6382
62 .o. rm.	Prom:	Account Name : LEGALZCOM.CCM INC. Account Number : 120010000962 Prone : (323)962-9600 Fax Number : (323)962-3889
*	i annu I	ne email address for this business entity to be used for future at report mailings. Enter only one email address please.** 1 Address:

LLC REGISTERED AGENT CHANGE KEY WEST 1086 MAGNET PARTNERS, LLC

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T. LEMIEUX FEB 1 1 2022

SȚATEMENT 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.

1000 11710	ENET PARTNERS	-, 22	
(P)	(b) 19014 SW 17th Ct.		
(9).	Mailing address	s of limited liability company: 'BE POST OFFICE BON')	
	Miramar, FL 3302	9	
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L	18000264730		
_ _{4.} _	Document	number	
t'the Florida I	Dept. of State:		
2333 Ponce De Leon Blvd., Suite 314			
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			
L_33134		22	
UNITED STATES CORPORATION AGENTS, INC.			
Enter name of NEW Registered Agent and/or NEW Registered Office address:			
5575 S. Semoran Blvd., Suite 36			
		10: 25 NADA	
32822		<u> </u>	
of the regista liability con	ered office and the bu apany, it is hereby cou	ereby confirmed that after isiness office of the register infirmed that the change(s) or as otherwise provided in	
	(b) 4. 1 the Florida D ADDRESS L 33134 S, INC. d Office addr	(b) 19014 SW 17th C Mailing address (Note: MA) Miramar, FL 3302 L18000264730 4. Document The Florida Dept. of State: ADDRESS) L33134 [S, INC. a) Office address: L32822 aws of the State of Florida, it is hof the registered office and the bill	

Signature of Registered Agent