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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

\*\*Enter the email address for this business entity to be used for future 🛣 annual report mailings. Enter only one email address please.\*\*

ഗഷ്⊟mail Address:\_\_

## LLC REGISTERED AGENT CHANGE **CANDOR CAPITAL LLC**

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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. N	ame of the limited liability company: Candor Capital Li	LC		
2. (a)		( }	o)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	7901 4th St N STE 300		7901 4th S	SEN STE 300
	St. Petersburg, FL 33702		St. Petersl	ourg, FL 33702
	08/29/19		L190002215	578
3.	Date of filing/registration in Florida	4.		Document number
5. (a	MESHEL, BENJAMIN			
	Registered Agent and Registered Office shown on the records of	the Florida	a Dept. of Stat	 le:
	450 ALTON ROAD			
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			-
	2302			
	MIAMI BEACH	33139		<b>2024 (</b>
	Northwest Registered Agent LLC			APPRO PILI 2024 DEC 13
	Enter name of NEW Registered Agent and/or NEW Registered Office address:		·····································	
	7901 4th St N			P# 2:
	NEW Registered Office Address:			
	STE 300			• ••
	St. Petersburg	33702		_
the ch agent was/w the art	limited liability company is not organized under the lar ange 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 dicles of organization or the operating agreement of the	f the regi lability co of the lim : limited l	stered offic ompany, it i nited liabilit	e and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in apany.
-	ature of a member or authorized representative of a member			Printed or typed name of signee
provis the ob to mei	thy accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address. It d'in writing of this change.	rec to act perform d for in C hereby c	t in this cap ance of my Chapter 60, onfirm that	acity. I further agree to comply with the duties, and I am familiar with and accept 5. F.S. Or, if this document is being filed the limited liability company has been
- / V-	Taylor Newman - Assistant S	ecretary		
១ខ្មោងប	ure of Registered Agent			