(Requestor's Name)						
(Address)						
(Address)						
,						
(City (Control (Tity ID))						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
,						
J. HORNE						
AUG 1 9 2025						
A00 1 9 2025						

Office Use Only



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FILED 2025 AUT 16 FH 1: 10

RECEIVED



Tallahassee, FL 32301-2607 850-558-1500, Ext: x62969

To: Department Of State, Division Of Corporations From: Amanda Miller - Amanda.Miller@cscglobal.com

Ext: x62969 Date: 08/18/25

Order #: 4297395-53 Re: CMC3 LLC

Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Change of Registered Agent and Office

Check in the amount of: \$25.00 - FL State Account Number: I20000000195

Fred States

Please take the following action:

File on a routine basis
Issue proof of filing
Return evidence to the following:
ATTN: Amanda Miller
c/o Corporation Service Company
251 Little Falls Drive
Wilmington, DE 19808

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

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.

I. Na	ame of the limited liability company: CMC3, LLC				
2. (a)	701 WATERFORD WAY #490	(1	b)	3440 HOL	LYWOOD BOULEVARD SUITE 415
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		٠, .	7	failing address of limited liability company: **ONOTE: MAY BE POST OFFICE BOX**
	MIAMI, FL 33126	_	-	HOLLYWO	OOD, FL 33021 UN
		_	-		·
	02/11/2020		L	200000489	974
3.	Date of filing/registration in Florida	4.			Document number
5. (a)					
	Registered Agent and Registered Office shown on the records of	the Florid	a D	ept. of State	
	DIAMOND, KEITH D				767
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				
	3440 HOLLYWOOD BLD, SUITE 415				
	HOLLYWOOD	33021			2675 EV 18 PH
	· · · ·	_			
(b)					
	Enter name of NEW Registered Agent and/or NEW Registered	l Office ac	<u>idr</u>	ess:	
	Corporation Service Company				
	NEW Registered Office Address:				
	1201 Hays Street				
	Tallahassee, Fi	32301			
change agent v was/w	limited liability company is not organized under the la e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited li ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	register ability co of the lin	ed om nite	office and pany, it is ed liability	the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
The Children of the Children				STOPHER	R FURLAN, AUTHORIZED PERSON
-	ature of a member or authorized representative of a member				Printed or typed name of signee
provisi the obj to mer	by accept the appointment as registered agent and ag- ions 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, I d in writing of this change.	ree to act performed for in C hereby c	t in an Ch on,	this capa ce of my d apter 605, firm that t	city. I further agree to comply with the uties, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been

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

COA-441333

INHS18 (2/14)

GRACE E. KIRBY, ASST, VICE PRESIDENT

Signature of Registered Agent