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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

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िहिंदि**Email Address:**\_

## LLC REGISTERED AGENT CHANGE BURLING RIDGE PROPERTIES, LLC

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

T. LEMIEUX

HMAR 29 2023

## 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. 8	Name of the limited liability company: BURLING RIDGE PROPERTIES, LLC				
2. (a)	760 SOUTH COUNTY ROAD	(b	, 760 SOUTH COUNTY ROAD		
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
			·		
	PALM BEACH, FL 33480		PALM BEACH, FL 33480		
	06/03/2020		L20000151525		
3.	Date of filing/registration in Florida	4.	Document number		
5. (a	COGENCY GLOBAL INC.				
Registered Agent and Registered Office shown on the records of the Florida Dept, of State:					
115 NORTH CALHOUN STREET					
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				
	SUITE 4				
	TALLAHASSEE F	L3230	)1		
	Comprete Creations Natural Inc				
(b) Corporate Creations Network Inc.			22		
Enter name of NEW Registered Agent and/or NEW Registered Office address					
	801 US Highway 1				
	NEW Registered Office Address:				
			8		
			<del></del>		
	North Palm Beach , Fl	<sub>L</sub> 3340	8 <del>့် . ယို</del>		
chang agent 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- vere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	e registere lability cor of the lim	d office and the business office of the registered mpany, it is hereby confirmed that the change(s) ited liability company or as otherwise provided in		
• • • • •		tlin Lazarus, Attorney-in-Fact			
Signature of a member or authorized representative of a member		-	Printed or typed name of signee		
the ot to me notific	eby accept the appointment as registered agent and ag sions of all statutes relative to the proper and complete oligations of my position as registered agent as provide rely reflect a change in the registered office address, I led in writing of this change. Aitlin Lazarus Caitlin Lazarus, Special	ed for in C hereby co	napter 603, F.S. Or, if this document is being filed infirm that the limited liability company has been		

Signature of Registered Agent