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Division of Corporations

Fax Number : (850)617-6383

Erosa:

Account Name : VCORP SERVICES, LLC

Abdount Number : 120080000007 : (845)425-0017 Fax Humber : (845)618-3589

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## LLC REGISTERED AGENT CHANGE THE 79TH GRP 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.

I. Na	ame of the limited liability company: THE 79TH GRP	LLC							
2. (a)		1	bı						
(	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	`	(b)						
	1813 ARBOR PARK DR		1813	ARBOR	OR PARK DR				
	WINTER PARK, FL 32789	<u> </u>	WINT	ER PAI	RK, FL 323	789			<del></del>
	8/13/2020		L20000	1235327					
3.	Date of filing/registration in Florida	٦.		Do	ocument n	umber			
5. (a)	IRWIN'N SPERLING								
(,	Registered Agent and Registered Office shown on the records of 1813 ARBOR PARK DR	the Florid	la Dept. o	f State:					
	Registered Office Address (AIUST BE FLORIDA STREET ADDRESS)								
(b)	WINTER PARK , FI	32789		<del></del>					
	Veorp Services, LLC					W.		2099	
,	Enter name of NEW Registered Agent and/or NEW Registered Office address:					•	Ş	2	
	1200 South Pine Island Road					· .	i	2022 DEC 21 AM	יורני.
	NEW Registered Office Address:						•	음 55:	
	Plantation, FL	33324				1		l: 09	
change agent v was/wa	imited liability company is not organized under the lay or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lighter authorized by an affirmative vote of the members called organization or the operating agreement of the	register ability co of the lin limited	ed offic ompany nited lia	e and the it is he to the it is he to the it is he to the it is not the	ie busines creby cont ompany o	s office o irmed tha	f the r it the c	egist chang	ered ge(s)
Signa	Signature of a member or authorized representative of a member			Printed or typed name of signee					
provisi the obl to mer	by accept the appointment as registered agent and agr ions of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address. If I in writing of this change.	rec in ac perform d for in hereby c	et in this tance of Chapter confirm (	capacit my dut 605. F. that the	v, 1 furth ies, and 1 i S Or, if i limited lie	er agree l am famili this docu ability coi	la con ar wit ment i mpany	iply v h em s bei chas	vith the d accept ng filed been
Signatu	te of Registered Agent								

A . . . .