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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 : (813)436-5206 Fax Number

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

Email	Address:	

## LLC REGISTERED AGENT CHANGE **40 CONCOURSE LLC**

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> K. SALY JAN 3 2023

1/2/2025 08-53 43 PS7 To 18506176383 Page 2/2 Fax: 8134365206

## 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 hability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

١.	Na	me of the limited liability company. <u>40 CONCOURSE</u>	ELTC			
2. (	111	7901 4th St N STE 300	(b) 7901 4th St N STE 300			
		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited hability company: (Note: MAY BE POST OFFICE BOX)			
		St. Petersburg FL 33702 US	St. Petersburg FL 33702 US			
		08/25/2020	L20000264069			
3.		Date of filing/registration in Florida	4. Document number			
5.	(a)	CONSOR ENGINEERS LLC				
		Registered Agent and Registered Office shown on the records of	the Fiorida Dept. of State.			
		2121 OLD HICKORY TREE ROAD				
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  SAINT CLOUD FL 34772  Registered Agents Inc.  Inter name of NEW Registered Agent and or NEW Registered Office address.				
				U		
		121	至 :			
		SAINT CLOUD FL	34/12	<u>'</u> T'		
	1	Pagistaras Aspets Inc.	ST. P.	\-		
ţ	ון ו	Registered Agents Inc Enter name of NEW Registered Agent and or NEW Registered	1 Office address:	•		
		7901 4th St N	5 6.			
		NEW Registered Office Address:				
		STE 300				
		St. Petersburg . F1.	_ 33702			
H tr	re 11 cha	mited flability company is not organized under the lay nge or changes are made, the Florida street address of	ws of the State of Florida, it is hereby confirmed that after f the registered office and the business office of the registe	red		
age	nt w	fill be identical. Or, in the case of a Florida limited lis	iability company, it is hereby confirmed that the change(s)			
was the	/we artic	re authorized by an affirmative vote of the members cales of organization or the operating agreement of the	of the limited liability company or as otherwise provided in Himited liability company.	n		
		, , ,	0.11.1			
	gnat	ure of a member or authorized representative of a member	Robin Jones Printed or typed name of signee			
pro the to n	visie obli ucre	ons of all statities relative to the proper and complete gations of my position as registered agent as provide by reflect a change in the registered office address, I )	ree to act in this capacity. I further agree to comply with a performance of my duties, and I am familiar with and acc al for in Chapter 605, F.S. Or, if this document is being fi hereby confirm that the limited liability company has been	the cept led i		
non TS	910°0 -738	Fin writing of this change.  David Roberts - Assistant St	Secretary			
Sign	natui	201 Registered Agent	·			