## Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number: 110432003053 : (561)694-8107 Phone

: (561)214-8442 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 TRIBUTARY VILLAGE, LLC

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JUN 15 2022

## 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	me of the limited liability company:Tributary V	illa	ige,	LLC	
2. (	a) .	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)			W 132ND STREET MIAMI, FL 33186 Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)	
3.		09/29/2020  Date of filing/registration in Florida	4.	_		00297391 Document number
	(_\	CORPORATION SERVICE COMPAN	Y			
5.	(a)	Registered Agent and Registered Office shown on the records of the		rida D	opt of State	- e:
		1201 HAYS STREET				
		Registered Office Address (MUST BE FLORIDA STREET AL	ODR	ESS)		-
		TALLAHASSEE, , , , , , , , , , , , , , , , , ,	3	 230]	<u> -2525</u>	FILL 2022 JUN 1 4
1	(b)	Corporate Creations Network Inc.				N T
,	O	Enter name of NEW Registered Agent and/or NEW Registered C	Offic	addr	ਜ਼ਾ: 	proper and a second
		801 US Highway 1				P# 4: 0
		NEW Registered Office Address:				08
		North Palm Beach ,FL		340	8	<del>-</del>
cha age was the	nge nt v s/we arti	imited liability company is not organized under the laws or changes are made, the Florida street address of the rwill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the liabete of the liable of	egis oilit the	tered y com limite ed lial	office an pany, it i ed liabilit bility con	s hereby confirmed that the change(s) by company or as otherwise provided in
[ h pro the	ere visi gbi	by accept the appointment as registered agent and agre- ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address, I he d in writing of this change.  Carol Pettine, Special Secretary	e to jerfo for ereb	act ir rman in Ch y con	this cap ce of my apter 605 firm that	anim. I further correcte commits with the
Sig	nati	u of Registered Agent				
		Division of Corporations P.O. B	ox (	3 <b>327</b> •	Tallaha	issee, FL 32314

FILING FEE: \$25.00