L26000336617

(F	Requestor's Name)					
(Address)						
(Address)						
(0	Dity/State/Zip/Phone #)					
PICK-UP	☐ WAIT ☐ MAIL					
(0	Business Entity Name)					
(Document Number)						
Certified Copies	Certificates of Status					
Special Instructions to Filing Officer:						

Office Use Only



900361630629

03/24/21--81019--004 **25.00

2011010 - 31 6:52

1/130/2012



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: CSC/PH - FL TAL *

From: Rachel Pietropolo rachael.pietropolo@cscglobal.com

Date: March 22, 2021

Order#: 726393/005

Re: 2721 SEA ISLAND DRIVE, LLC

Enclosed please find:

XX ___ Change of Registered Agent and Office.

 \overline{XX} Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX ___ Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Rachel Pietropolo c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

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

INCA.XCOA

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.	Na	me of the limited liability company: 2721 SEA ISLA	ND DR	IV	E, LLC	
2. (a)			(b)))	
`	,	Principal office address of limited liability company: (<u>Note: MUST BE STREET ADDRESS</u>)		(-	N	failing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		1002 E. NEWPORT CENTER DRIVE SUITE #200			1002 E. N	EWPORT CENTER DRIVE SUITE #200
		DEERFIELD BEACH, FL 33442			DEERFIEL	D BEACH, FL 33442
		10/23/2020			L20000336	617
3.		Date of filing/registration in Florida	4.	-		Document number
5.	(a)					
	()	Registered Agent and Registered Office shown on the records of UNITED CORPORATE SERVICES, INC.	the Flori	da	Dept. of State:	
			IDDDE	ccs		
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 9200 SOUTH DADELAND BLVD. SUITE 508				
		MIAMI FI	33156			
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:				,
		That have of NEW Registered Agent and the Registered	()Ince a	uu	ress.	7 2 3 4 2 3 4 2 4 4 4 4 4 4 4 4 4 4 4 4 4
		Corporation Service Company				= 1
		NEW Registered Office Address:			•••	(
		1201 Hays Street				5.1
			-			<i>→</i>
		Tallahassee . FI.	32301			ტ. 52
14.41-	. 1	actual Parties	C.1		6.01	
char ager was/	ige it w (we	mited liability company is not organized under the lay or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited lia- re authorized by an affirmative vote of the members of the of organization or the operating agreement of the	registe ability c of the lii	rec on ni	l office and ipany, it is l ted liability	the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
/s/ :	Setl	h Cohen	Se	th	Cohen, Mai	nager
Signature of a member or authorized representative of a member			Printed or typed name of signee			
prov the c to m	isio phli ere	by accept the appointment as registered agent and agrows of all statutes relative to the proper and complete gations of my position as registered agent as provided by reflect a change in the registered office address, I have in writing of this change.	ce to ac perforn I for in iereby c	t i tai Cl :or	n this capac ice of my di apter 605, ifirm that th	ity. I further agree to comply with the ties, and I am familiar with and accept F.S. Or, if this document is being filed e limited liability company has been

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

Grace E. Kirby, Asst. Vice President of Corporation Service Company