## 21000031260

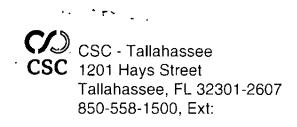
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



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2024 HAR 18 PM 12: 15



To: Department Of State, Division Of Corporations From: Amanda Miller - Amanda.Miller@cscqlobal.com

Ext:

Date: 03/18/24 Order #: 1442577-2

Re: 174 Harbor Drive Keys LLC Processing Method: Routine

## TO WHOM IT MAY CONCERN:

Enclosed please find:

Change of Registered Agent and Office Check in the amount of: \$35.00 25.00

120000000195

AUTH

Please take the following action:

File on a routine basis Issue proof of filing

Return evidence to the following:

ATTN: Amanda Miller

c/o Corporation Service Company

251 Little Falls Drive Wilmington, DE 19808

Special Instructions:

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

## 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.

Na	ame of the limited liability company: 174 Harbor Drive	e Keys I	LC	
(a)	930 SANIBEL DRIVE  Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  HOLLYWOOD, FL 33019	_ (1	o)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	01/2021  Date of filing/registration in Florida	- - 4.	L2100	00031260  Document number
(a)	9 0			
(4)	Registered Agent and Registered Office shown on the records of the G,B,B-B REGISTRIES, LLC	he Florida	ı Dept. o	of State:
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			
	7301 SW 57TH COURT, SUITE 560			
	SOUTH MIAMI , FL	33143		2024 MAR 18 1
(b)	Enter name of NEW Registered Agent and/or NEW Registered Control of Ne		dress:	B PHIZ: 15
	Corporation Service Company			FILE BRIDA
	NEW Registered Office Address:			
	1201 Hays Street			
	Tallahassee, FL	32301		<del></del>
nge nt w s/we	mited hability company is not organized under the laws or changes are made, the Florida street address of the rivill be identical. Or, in the case of a Florida limited liable authorized by an affirmative vote of the members of cles of organization or the organization agreement of the liable ag	registere pility co the lim	ed office inpany ited lia	ce and the business office of the registered y, it is hereby confirmed that the change(s) ability company or as otherwise provided in
<u>_</u>	J. (. 1 to ) fu	WIL	LIAM	HOFFMAN
- eret visio obli iere	over of a member or authorized representative of a member by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address, I he is writing of this change.	e to act performa for in C preby co	in this ince of thapter infirm	Printed or typed name of signee  s capacity. I further agree to comply with the f my duties, and I am familiar with and acce r 605, F.S. Or, if this document is being file that the limited liability company has been

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

Signature of Registered Agent