21000038977

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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088
For any issues please contact
Cheyanne Davis
(850) 202-1882

Date:	08/20/2024	(850) 202-1882
Name:	Cheyanne Davis	
Reference #:	2464103	
	EL D	ORADO 155, LLC
	es of Incorporation/Authoriza	
Amen	dment	
Change	ge of Agent	
Reins	tatement	
Conve	ersion	
☐ Merge	er	
Disso	lution/Withdrawal	
☐ Fictition	ous Name	
Other		
Authorized A	mount: \$25.00	
Signature:	Onyout Ra	

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.

Name of the limited liability company:			EL DORADO 155, LLC		
	no change		b)	no change	
, ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
2	2/4/2021			L21000038977	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a	REDDEN, DAVID H Registered Agent and Registered Office shown on the records of t	he Floric	la Dent, of Sta	de:	
	registered Agent and registered Office shown in the records of t	ine i kome	a Dept. of Sta		
	Registered Office Address (MUST BE FLORIDA STREET A	1DDRES	: <u>:S)</u>	_	
	11600 NINTH ST N				
(b) <u>-</u>	ST. PETERSBURG , FL	-	33716	2024 A	
	Cogency Global Inc.			JUG 20	
	Enter name of NEW Registered Agent and/or NEW Registered	Office a	<u>ddress</u> :	SEEF. PR	
	115 North Calhoun Street, Suite 4	4		FĽĆ P:	
	NEW Registered Office Address:			2024 AUG 20 PH 12: 2-	
	Tallahassee , FL		32301	_	
the chagent was/w	limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia vere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	the reg ability of of the lin	istered offic company, it mited liabili	ce and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in	
/s/ David Redden				David Redden	
=	ature of a member or authorized representative of a member			Printed or typed name of signee	
provis the ob to met	eby accept the appointment as registered agent and agressions of all statutes relative to the proper and complete pligations of my position as registered agent as provided rely reflect a change in the registered office address, I had in writing of this change.	ee to ac perforn d for in hereby c	ct in this ca nance of my Chapter 60 confirm tha	pacity. I further agree to comply with the values, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been	
	/s/ Michael Carlisle				

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

Michael Carlisle, Assistant Secretary

Signature of Registered Agent