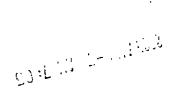
## 

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





2024 AUG -7 AM 9: 2



## Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312 (850) 656-4724

DATE 08/07/2024	**WALK IN**
ENTITY NAME COREC	GRO, LLC
DOCUMENT NUMBER	
	**PLEASE FILE THE ATTACHED AND RETURN**
xxxxxxxx	Plain Copy
	Certified Copy
	Certificate of Status
*	*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY**  Certified Copy of Arts & Amendments  Certified Copy of Arts & Amendments Complete File (Including Annual Reports)  Certificate of Status  Certificate of Status Reflecting:
	**APOSTILLE' / NOTARIAL CERTIFICATION**
COUNTRY OF DESTINAT	TION
NUMBER OF CERTIFICA	
TOTAL OWED \$ 25.00	ACCOUNT # 120160000072 4: 1
Please call Tina at ti	he above number for any issues or concerns. Thank you so much!

## 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	ame of the limited liability company: COREGRO, LLC		
2. (a)		(b)	
(-)	Principal office address of limited liability company: (Noté: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	153 E Flagler St., #116	153 E Fla	ngler St., #116
	Miami, FL 33131	Miami, F	1. 33131
	02/16/2021	L21000079	9431
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	Jordan Fishfeld		
J. (a)	Registered Agent and Registered Office shown on the records of	the Florida Dept. of Sta	ate: جــــــــــــــــــــــــــــــــــــ
	Registered Office Address (MUST BE FLORIDA STREET) 674 Grand Concourse	ADDRESS)	ate: رحم المرابع المواع الم اصور الم الم الم الم اص و الم الم الم الم الم الم الم اص و الم الم الم الم الم الم الم الم ال الم ال و الم ال الم الم الم ال الم ال الم الم الم الم الم الم الم اص اص الم الم الم الم اص الم اص الم اص الم اص الم الم اص الم اص اص الم اص الم اص الم الم الم الم الم الم الم ال الم ال الم ال الم ال الم ال ال الم ال الم ال ال الم ال ال ال ال ال ال ال ال ال ال ال ال ال ا
	Miami , FI	33138	_ _
(b)	Registered Agents Inc		
(0)	Enter name of NEW Registered Agent and/or NEW Registered	l Office address:	
	7901 4th St N, STE 300		
	NEW Registered Office Address:	-	_
	St. Petersburg , FI	33702	_
change agent was/w the art	limited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the Jordan Fishfeld	e registered office a ability company, it of the limited liabili	nd the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in mpany.
	ature of a member or authorized representative of a member		Printed or typed name of signee
I here provis the ob to mer	by accept the appointment as registered agent and agi ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address. I d in writing of this change.	ree to act in this ca performance of my d for in Chapter 60 hereby confirm tha	nacity I further agree to comply with the
/s/ Da	avid Roberts		
Signati	are of Registered Agent		