(21000) 19048

| (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: | | | | | | |
| | | | | | | |
| J. HORNE | | | | | | |
| AUG 1 9 2025 | | | | | | |

Office Use Only



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2025 AUG 18 PM 3: 50

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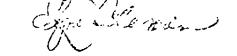
To: Department Of State, Division Of Corporations

From: Shauna Godbolt - Shauna.Godbolt@cscglobal.com

Ext: x61563 Date: 08/18/25

Order #: 4297395-43 Re: CMC 230 LLC

Processing Method: Routine



TO WHOM IT MAY CONCERN:

Enclosed please find:

Change of Registered Agent and Office

Check in the amount of: \$25.0 - FL State Account Number: I20000000195

Please take the following action:

File on a routine basis
Issue proof of filing
Return evidence to the following:
ATTN: Shauna Godbolt
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.

| 1. N | ame of the limited liability company: | | | | | |
|--------------------------|--|---|--------------------------|---|---|--|
| 2. (a) | 701 WATERFORD WAY 490 | | (b) | 01 WATERFORD WAY 490 | | |
| <i>2.</i> (ii) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | (,,, | Mailing address of lin | nited liability company: OST OFFICE BOX) | |
| | MIAMI, FL 33126 | | = | MIAMI, FL 33126 | | |
| | 03/12/2021 | | - | 21000119048 | | |
| 3. | Date of filing/registration in Florida | 4. | _ | Document number | 2r | |
| 5. (a) | | | | | | |
| (11) | Registered Agent and Registered Office shown on the records of | Tthe Florid | da 1 | Dept. of State: | 2 | |
| | KEITH D. DIAMOND, P.A. | | | | 2025 AL | |
| | Registered Office Address (MUST BE FLORIDA STREET ADDRESS) | | | | | |
| | 3440 HOLLYWOOD BLVD 415 | | | | $\frac{1}{2}$ | |
| | HOLLYWOOD . F | 33021 L | | | | |
| | • | | | | | |
| (b) | | | | <u>.</u> | 10 | |
| | Enter name of NEW Registered Agent and/or NEW Registere | <u>d Office a</u> | <u>ddr</u> | ress: | | |
| | Corporation Service Company | | | | | |
| | NEW Registered Office Address: | | | | | |
| | 1201 Hays Street | | | | | |
| | Tallahassee, F | L 32301 | | | | |
| change agent was/w | limited liability company is not organized under the la e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited li- were authorized by an affirmative vote of the members icles of organization or the operating agreement of the | e register iability c of the lir | red om mite | office and the business offi npany, it is hereby confirmed ed liability company or as c | ice of the registered distance of the change(s) | |
| /S/ | /S/ CHRISTOPHER FURLAN | | | CHRISTOPHER FURLAN, AUTHORIZED PERSON | | |
| Signa | ature of a member or authorized representative of a member | | | Printed or typed nan | ne of signee | |
| the ob to mer | by accept the appointment as registered agent and ag 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 ac e perforn ed for in hereby o | t ir nan Ch con | n this capacity. I further ag ace of my duties, and I am fo apter 605, F.S. Or, if this o firm that the limited liabilit | ree to comply with the miliar with and accept locument is being filed y company has been | |

Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314 COA-441323 FILING FEE: \$25.00

GRACE E. KIRBY, ASST. VICE PRESIDENT

Mars 7-Kubl Signature of Registered Agent