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Division of Corporations

Florida Department of State Division of Corporations

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LLC REGISTERED AGENT CHANGE **ROGERS MARKET - 101, LLC**

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STATEMENT OF CHANGE OPREGISTERED 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. No	ame of the limited liability company: ROGERS MAR	KET - 101,	L1.C				
	10 SARASOTA CENTER BOULEVARD			RASOTA CENTER BOULEVARD Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	Principal orlice address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0	/ 				
	SARASOTA, FL. 34230			TA, Ft. 34230			<u> </u>
	MARCH 12, 2021		1.21000119	422		F+:	
3.	Date of filing/registration in Florida	4.		Document number			
5. (a)	ALAN M. ELWELL						
,,,	Registered Agont and Registered Office shown on the records of 10 SARASOTA CENTER BOULEVARD	The Florida	Dept. of Stat	- c.			
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS]	-			
				_	1-	202	
	SARASOTA F					2022 APR	
(0)	CROSS STREET CORPORATE SERVICES, LLC				3 	2	
	Enter name of NEW Registered Agent and/or NEW Registered	d Office add	iress:	-	· ;;	PH	Ö
	200 SOUTH ORANGE AVENUE				7)2+	ယ္	
	NEW Registered Office Address:			•	<u> </u>	0	
	SARASOTA , FI	.34236		-			
thange igent w vas/we he artic	mited liability company is not organized under the later changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited live authorized by an affirmative vote of the members of the organization or the operating agreement of the	ws of the 5 registered ability con of the limited fir	foffice and npany, it is ted liability	I the business office of hereby confirmed the company or as other	of the regis	itered	
/	I ha for	AŁA.	N M. ELWI	H.L., As its Authorized	Representat	tive	
,	ore of a member confidence of a member			Printed or typed name of	v		
he obli o mere	y occept the appointment as registered agent and agr ins of all statutes relative to the proper and complete gations of my position as registered agent as provide ity reflect a change in the registered office address, I i in writing of this change.	ee to act i performan d for in Cl hereby cor	n this cape ace of my c apter 605, afirm that t	wity. I further agree, hattes, and I am famili, I.S. Or, if this docu he limited liability co.	to comply far with an ment is be impany has	with th id acce ing file i been	e pt d
	in writing pythis change. e of Registated Age m. Michael J. Wilson, As its Vice President	iki eby cor	yirm inai i	не итнеа навину со.	mpany nas	, ne	сn

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