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To:

Division of Corporations

15129570210

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 fax Number : (888)706-7274

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

 Address:			

## LLC REGISTERED AGENT CHANGE **ELYSIAN 21 LLC**

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TO:

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Registration Section Division of Corporations

SUBJECT: ELYSIAN 21 LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this	matter to the following:
Joshua Murphy	
Name of Person	
Registered Agent Solutions, Inc.	
Firm/Company	<del></del>
Corporate Center One, 5301 Southwest	Pkwy. Ste 400
Address	<del></del>
Austin, TX 78735	
City/State and Zip Code	
E-mail address: (to be used for future annu	ial report notification)
For further information concerning this matter,	
Joshua Murphy	888 705-7274
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following	amount:
□ \$25 Filing Fee	S55 Filing Fee & Certified Copy

INHS18 (2/14)

## 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

(a)	me of the limited liability company: ELYSIAN 2	(b	<u> 2400                                   </u>	PGA BLVD.
. ()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		N	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	PALM BEACH GARDENS, FL 33410		PALM BI	EACH GARDENS, FL 33410
	4/22/2021	_		0174643
	Date of filing/registration in Florida	4.		Document number
. (a)	BLUMBERGEXCELSIOR CORPORATE SE	RVICE	S, INC	
	Registered Agent and Registered Office shown on the records of 155 OFFICE PLAZA DRIVE,  Registered Office Address (MUST BE FLORIDA STREET)	1ST	FL	-
	TALLAHASSEE	3230	)1	-
	m tr the the control of the control			C ,3
/L.	Registered Agent Solutions, Inc.			ન¥ં⊢ હૈં <sup>.</sup>
(b)	Registered Agent Solutions, Inc.  Enter name of NEW Registered Agent and/or NEW Registered	Office ad	dress:	002 JU DEPAS NVISIO TALL
(b)		Office ad	dress:	DEFAS OF ASSESSED TALL A COSSES
(b)	Enter name of NEW Registered Agent and/or NEW Registered  155 Office Plaza Dr.  NEW Registered Office Address:	Office ad	ldress:	_
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> 155 Office Plaza Dr.	Office ad	ldress:	DEFAILS SEELFLOR

/s/ Christine Ruggiero	Christine Ruggiero	Manager	
Signature of a member or authorized representative of a member	Printed or t	yped name of signee	

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605. F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Mackagin Har Asst Society

Mackenzie Hart, Asst. Secretary

Signature of Registered Agent