## Florida Department of State Division of Components

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number: 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

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

Email Address: LLC REGISTERED AGENT CHANGE TRIBUTARY COMMERCIAL VILLAGE, LLC Certificate of Status 0 Certified Copy Û Page Count 02 Estimated Charge \$25.00

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## 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	Name of the limited liability company: Tributary Commercial Village, LLC				
2.	(a)	12895 SW 132ND STREET MIAMI, FL 33186  Principal office address of limited liability company:  (Note: MUST RE STREET ADDRESS)	<del></del>	(b) _		
3.		04/20/2021  Date of filing/registration in Florida	4.	_	L21000183203  Document number	
_	(a)	CORPORATION SERVICE COMPAN	INZ			
	Registered Agent and Registered Office shown on the records of the Florida  1201 HAYS STREET  Registered Office Address (MUST BE FLORIDA STREET ADDRESS				<u>.</u>	
	(b)	TALLAHASSEE, , FL_ Corporate Creations Network Inc.	32	301	1-2525	
	,	Enter name of NEW Registered Agent and/or NEW Registered O	)ffice_:	ıddre	(653:	
		801 US Highway 1				
		NEW Registered Office Address:				
		North Palm Beach , FL_	_33	408	8	
cha age wa	inge nt w s/we	mited liability company is not organized under the laws or changes are made, the Florida street address of the reill be identical. Or, in the case of a Florida limited liability authorized by an affirmative vote of the members of the organization or the operating agreement of the limited.	egiste ility c the li	red o comp mites	office and the business office of the registered apany, it is hereby confirmed that the change(s) ed liability company or as otherwise provided in	
S	ignati	of a member or authorized representative of a member		Car	rol Pettine, Attorney-in Fact Printed or typed name of signee	
pro the to 1	obli nera	y accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pe equions of my position as registered agent as provided for reflect a change in the registered office address, I her in whiting of this change.	to acerforn for in reby c	et in nanc Cha confi	n this capacity. I further agree to comply with the ce of my duties, and I am Jamiliar with and accept apter 605, F.S. Or, if this document is being filed firm that the limited liability company has been	
Sig	natur	Carol Pettine, Special Secretary	ŗ			