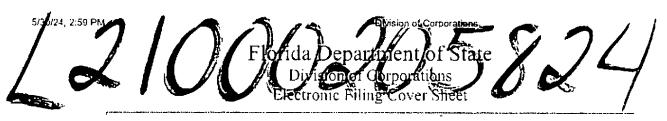
To:



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000191249 3)))



H240001912493ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338

Fax Number : (614)573-3996

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

Email	Address:			
FW911	Acoress:			



## LLC REGISTERED AGENT CHANGE CONTEC SOUTH FLORIDA LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$55.00

Electronic Filing Menu

Corporate Filing Menu

Help

K. SALY

MAY 3 1 2024

DocuSign Envelope ID: FE152B16-4D33-4C1D-92BC-A4302F425216

## 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:CONTEC SOUT	m Floi	RIDA LEC		
2. (a)			(h)		
•	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)		
	1200 NW 4 ST		1200 NW 4 ST		
	HOMESTEAD, FL 33030		HOMESTEAD, FL 33030		
	05/11/2021		L21000205824		
3.	Date of filing/registration in Florida	4,		Document number	
5. (a)	TORRES, JOSE S, ESQ				
J. (a	Registered Agent and Registered Office shown on the records o				
	Registered Office Address (MUST BE FLORIDA STREET) 4000 PONCE DE LEON BLVD STE 610	FILED PH 1:37			
(b) <sub>.</sub>	CORAL GABLES		TILE D		
	C.T. Corporation System	Ga P C			
	Enter name of NEW Registered Agent and/or NEW Registere	· 3			
	NEW Registered Office Address:				
	1200 South Pine Island Road				
	Plantation F	. 33324 L			
the chagent was/was/was/was/was/was/was/was/was/was/		of the re- liability of the I	gistered office company, it is mited liability	e and the business office of the registered is hereby confirmed that the change(s) y company or as otherwise provided in apany.  Brendan Franich	
•	nure of a member or authorized representative of a member			Printed or typed name of signee	
provis the ob to mer notifie By:	rby accept the appointment as registered agent and age ions of all statutes relative to the proper and complete ligations of my position as registered agent as providedly reflect a change in the registered office address, I d'in writing of this change.  C. T. Corporation System Sandra Zwijack, Assistant Secretary	tree 10 c e perfor ed for it I hereby	et in this cape mance of my o i Chapter 605 confirm that .	acity. I further agree to comply with the duties, and I am familiar with and accept . F.S. Or, if this document is being filed the limited liability company has been	