

| (Requestor's Name) | | | | |
|---|----------------|-------------|--|--|
| (Address) | | | | |
| (Äddress) | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificates | s of Status | | |
| Special Instructions to Filing Officer: | | | | |
| | | | | |
| | | | | |
| | | | | |

Office Use Only



CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

| ACCOUNT NO. : 12000000195 | | | | | |
|--|--|--|--|--|--|
| REFERENCE : 621166 7226307 | | | | | |
| AUTHORIZATION : Line Blena | | | | | |
| COST LIMIT : (\$ 25.00 | | | | | |
| ORDER DATE : April 14, 2022 ORDER TIME : 1:45 PM | | | | | |
| | | | | | |
| ORDER NO. : 621166-001 | | | | | |
| CUSTOMER NO: 7226307 | | | | | |
| <u>CHANGE OF AGENT</u> | | | | | |
| NAME: 80 ACRES HOLDINGS, LLC | | | | | |
| PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY XX PLAIN STAMPED COPY | | | | | |

CONTACT PERSON: Eyliena Baker -- EXT#

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EXAMINER:

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: | HOLDINGS, LLC | | |
|--|--|---|--|--|
| 2. (a) | 11780 US HIGHWAY ONE | (b) 11780 US HIGHWAY ONE | | |
| () | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | |
| | SUITE 305 | SL | JITE 305 | |
| | NORTH PALM BEACH, FL 33408 | NC | DRTH PALM BEACH, FL 33408 | |
| | 06/11/2021 | L21 | 000272927 | |
| 3. | Date of filing/registration in Florida | 4. | Document number | |
| 5. (a) | JONES FOSTER SERVICE, LLC | | | |
| J. (u) | Registered Agent and Registered Office shown on the record | ds of the Florida Dep | t. of State: | |
| | 505 S. FLAGLER DRIVE | | | |
| | Registered Office Address (MUST BE FLORIDA STRE | EET ADDRESS) | | |
| | SUITE 1100 | | <i>?</i> ; | |
| | WEST PALM BEACH | , FL_33401 | 2002 A 75 | |
| | | | | |
| (b) | Enter name of NEW Registered Agent and/or NEW Regist | tanal (Mina address | | |
| | Tante name of NEW Registered Agent and/or NEW Regist | tered Onice address | 7 | |
| | Corporation Service Company | | \hat{z} | |
| | NEW Registered Office Address: | | | |
| | 1201 Hays Street | | | |
| | Tallahassee | . FL 32301 | | |
| change agent v was/we | imited liability company is not organized under the or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limite ere authorized by an affirmative vote of the members of organization or the operating agreement of | the registered of diability compacts of the limited | fice and the business office of the registered ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in | |
| | ian K. Waxman | Brian K. | Waxman, Manager | |
| · = | ture of a member or authorized representative of a member | | Printed or typed name of signee | |
| provisi the obl to mer notified | by accept the appointment as registered agent and ions of all statutes relative to the proper and compligations of my position as registered agent as provely reflect a change in the registered office address of in writing of this change. | lete performance | of my duties, and I am familiar with and accept | |
| | re of Registered Agent | Grace E | . Kirby, Asst. Vice President | |
| -orginilli | re or registered Agent | | | |