Division of Corporations Electronic Filing Cover Sheet

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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 **521 OLD DIXIE HQ LLC**

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02
\$25.00

Electronic Filing Menu Corporate Filing Menu

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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

1. N	ame of the limited liability company: 521 OLD DIXI	E HQ L	.LC				
2. (a)		_ (b)	l				
(-7	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_		Mailing address of lin (Note: MAY BE P	•	-	-
	3727 Buchanan Street, Suite 205		3727 Bu	chanan Street	t, Suite 20	15	
	San Francis∞, California 94123	_	San Frai	rancisco, California 94123			
	6/14/2021			L2100027530	8		
3.	Date of filing/registration in Florida	4.		Document numb	юr		
5. (a)	JECK, HARRIS, RAYNOR & JONES, P.A.						
.r. (a	Registered Agent and Registered Office shown on the records of a 790 JUNO OCEAN WALK 600	he Florida	Dept. of State	· ::			
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS	<u>!</u>	•			
	JUNO BEACH , FL	334	108	-			
(b)			·	-	ALL AL	2021 DEC -6	
	Enter name of NEW Registered Agent and/or NEW Registered	Office add	<u>lress</u> :		HAS	- J3	-11
	801 US Highway 1				AHASSEE. F		ILED
	NEW Registered Office Address:			-) STATE FLORID	PH 1: 0	0
	North Palm Beach , FL	3340)8	_	3>	_	
the chagent was/w	limited liability company is not organized under the law lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liavere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	the registability confitted in the limited in the l	tered office mpany, it is ited liability iability con	e and the busines s hereby confirm y company or as npany. er, Authorized Po	is office of the the otherwise processing	the reg change provide	istered :(s)
•	ature of a member or authorized representative of a member		t Alid	Printed or typed na			:.44
provi. the of to me	eby accept the appointment as registered agent and agr sions of all statutes relative to the proper and complete oligations of my position as registered agent as provided rely reflect a change in the registered office address, I led in writing of this change.	nertarm	ance of my	duties and Lam	tamuuar wi	ın ana	accent

Signature of Registered Agent