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Account Number : I20160000048 Phone : (800)345-4647 Fax Number : (800)432-3622

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T. LEMIEUX JUN 3 0 2023 (((H23000229585 3)))

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of secti submits the following statement i Florida.	ons 605.0114 or 605.011 n order to change its re RENAISSAN	gistere	d office or r	egistered ägen.	t, or both,	bility co in the S	mpany State of
1. Name of the Limited Liability C							
2. (a) 3100 N Ocean Blvd #2	2801	(b) PO Box 508					_ · _ -
Principal office address of	of limited liability company: <u>STREET ADDRESS</u>)		`	Mailing address of (Note: MAY B.			•
Ft Lauderdale, FL 333	08		Wayne, PA 19087				
1/1/1900			<u>L21000</u>	0301424		· · · · · · · · · · · · · · · · · · ·	
 Date of filing/regis 	stration in Florida	4.		Document nu	mber		
5. (a) GALLINAR, MICHAE	L D, ESQ.						
Registered Agent and Registered		fthe Flor	ida Dept. of Sta	 le:			
1000 BRICKELL AVE	NUE SUITE 300						
	UST BE FLORDA STREET	ADDRE	<u>(33)</u>	_	-		
					Total	2	
				_		2023	
MIAMI	, FI	L <u>331</u>	31	_	•	i a	
(b) Capitol Corporate Ser	vices, Inc.			_	<u> </u>	: 20	· -
Enter name of NEW Registered	Agent and/or NEW Registeres	d Office	address:		-	-P0 -JK	CT .
					, -		
515 East Park Avenue		 					
NEW Registered Office Address	:					10	
				_			
Tallahassee	, F1	լ_323	01	_			
If the limited liability company is a the change or changes are made, the agent will be identical. Or, in the awaywere authorized by an affirma the articles of organization or the company and articles of organization.	te Florida street address of case of a Florida limited li- tive vote of the members operating agreement of the	f the re iability of the le limite	gistered offic company, it imited liabili	e and the busin is hereby confir ty company or a mpany.	ess office of	f the reg e change	istered e(s)
Signature of a member or authorized rep	resentative of a member			Printed or typed	name of signe	e e	
I hereby accept the appointment a provisions of all statutes relative to the obligations of my position as reto merely reflect a change in the renotified in writing of this change.	s registered agent and ag o the proper and complete egistered agent as provid egistered office address, I	ree to de perfor ed for it hereby	nct in this cap mance of my n Chapter 60 confirm that	pacity. I further duties, and I at 5, F.S. Or, if the the limited liah	r agree to co m familiar w iis documen bility compa	omply w vith and t is bein my has l	ith the accept g filed been
Bin Brelovei				int Secretary			
Signature of Registered Agent	behalf	of Ca	pital Carne	orate Service	es Inc		

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 **FILING FEE: \$25.00**

behalf of Capitol Corporate Services, Inc.