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Division of Corporations

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: (850)617-6383

From:

Account Name : CAPITOL CORPORATE SERVICES, INC.

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

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

## LLC REGISTERED AGENT CHANGE

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T. LEMIEUX

JUN 2 9 2023

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

Purs subm Flori	nuant to the provisions of sections 605.011  nits the following statement in order to consider	change its regis	stered office	or registered agent,	or both, in the State of	
	Name of the Limited Liability Company:	ENAISSANC	E BUSIN	ESS PARK HOL	DINGS, LLC	
	· · · · L					
2. (a	a) 2755 East Oakland Park Blvd Si		(b) PO Box 508			
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE ROX)		
	FORT LAUDERDALE, FL 33306	3	Wa	yne, PA 19087		
	6/30/2021		L21	1000301436		
3.	Date of filing/registration in FI	orida	4.	Document num	iber	
5. (	a) GALLINAR, MICHAEL D, ESQ.					
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:						
1000 BRICKELL AVENUE SUITE 300						
	Registered Office Address (MUST BE FLO)	RIDA STREET AD	DRESS)			
					2	
	MIAMI	. FL	33131		23	
					7. mm 28	
<b>(</b> b	<ul> <li>Capitol Corporate Services, Inc.</li> </ul>				25	
	Enter name of NEW Registered Agent and/or	IEW Registered O	Tice address:		•	
	515 East Park Avenue 2nd Fl					
	NEW Registered Office Address:	·			St. St.	
					` <b>c</b>	
	Tallahassee	, FL	32301			
If the	e limited liability company is not organized	l under the laws	of the State	of Florida, it is hereb	v confirmed that after	
the c	hange or changes are made, the Florida str t will be identical. Or, in the case of a Flori	eet address of th	ie registered	office and the busine	ss office of the registered	
was/	were authorized by an affirmative vote of t	the members of t	the limited l	iability company or as	otherwise provided in	
	rticles of organization or the operating agr	ecment of the lir	mited liabili Adam Mi			
Sign	nature of a member or authorized representative of a	a member		Printed or typed n	ame of signee	
tne o	reby accept the appointment as registered isions of all statutes relative to the proper bligations of my position as registered age trely reflect a change in the registered officed in writing of this change.	agent and agree and complete pe ent as provided j ce address. I he	e to act in the erformance for in Chapt reby confirm	is capacity. I further to of my duties, and I am er 605, F.S. Or. if this not that the limited liabi	agree to comply with the jamiliar with and accept s document is being filed lity company has been	
	in Brelaki	Brian Ra	adecki, As	sistant Secretary	on	
Signa	behalf of Capitol Corporate Services, Inc.					

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