

L21000337751

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

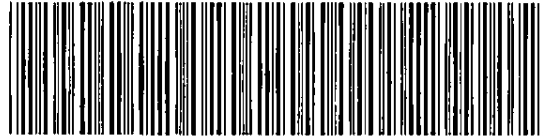
(Document Number)

Certified Copies _____ Certificates of Status _____

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2024 AUG -7 AM 9:21

SECRETARY OF STATE
1111 AMERICAN LEBANON AVE
ALBANY, NY 12243

2024 AUG -7 AM 9:21

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312

(850) 656-4724

DATE 08/07/2024

****WALK IN****

ENTITY NAME COREGRO 8060 SPYGLASS HILLS, LLC

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

XXXXXXXXXX

Plain Copy

Certified Copy

Certificate of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certified Copy of Arts & Amendments Complete File (Including Annual Reports)

Certificate of Status

Certificate of Status Reflecting: _____

****APOSTILLE / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$ 25.00

ACCOUNT # I20160000072

W: J2W

Please call Tina at the above number for any issues or concerns. Thank you so much!

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. Name of the limited liability company: COREGRO 8060 SPYGLASS HILLS, LLC

2. (a) Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)

8060 Spyglass Hill Rd.

Melbourne, FL 32940

(b) Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)

153 E Flagler St. Unit 116

Miami, FL 33131

02/16/2021

L21000337751

3. Date of filing/registration in Florida

4. Document number

5. (a) Jordan Fishfeld

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

674 Grand Concourse

Miami, FL 33138

(b) Registered Agents Inc

Enter name of NEW Registered Agent and/or NEW Registered Office address:

7901 4th St N, STE 300

NEW Registered Office Address:

St. Petersburg, FL 33702

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

/s/ Jordan Fishfeld

Signature of a member or authorized representative of a member

Jordan Fishfeld

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

/s/ David Roberts

Signature of Registered Agent

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