

11/25/24, 3:35 PM

Division of Corporations

L21000401824

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (614)573-3996

****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
CYPRESS ADVISORY LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

2024 NOV 25 PM 4:29
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
2024 NOV 25 PM 5:30
OFFICE OF THE CLERK
STATE OF FLORIDA

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: CYPRESS ADVISORY LLC

2. (a) 1825 NW Corporate Blvd Suite 110

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

Boca Raton, FL 33431

(b) 16355 CORVINO CT

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

DELRAY BEACH, FL 33446

09/10/2021

L21000401824

3. Date of filing/registration in Florida

4. Document number

5. (a) BERGER, GEOFFREY

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

16355 CORVINO CT

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

DELRAY BEACH, FL 33446

C T Corporation System

(b)

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

NEW Registered Office Address:

1200 South Pine Island Road

Plantation, FL 33324

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/ Andrew R. Henry

Andrew R. Henry

Signature of a member or authorized representative of a member

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.

By: C T Corporation System

Signature of Registered Agent

Leslie Martin, Assistant Secretary

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00

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2024 NOV 25 PM 5:31
OFFICE OF STATE
SECRETARY OF FLORIDA