Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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Account Number : 120160000048
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursi subm Flori	tant to the provisions of sections 605.01 its the following statement in order to da.	14 or 605.0116, change its regis	stered office o	or registered agent, or t	ed liability company both, in the State of
1. N	ame of the Limited Liability Company:	111 7100010			•
2. (a)	Principal office address of limited liab (Note: MUST BE STREET AD	ility company:	(h) <u>8750</u>	O NW 36 STREET S Mailing address of limited (Note: MAY BE POST	l liability company:
	DORAL, FL 33178		DOF	RAL, FL 33178	
2	9/10/2021	Clasida	<u>L210</u>	000402502	
3.	Date of filing/registration in l	riorida	۳.	Document number	
5. (a	PARMENTER LLC Registered Agent and Registered Office shows	on the records of th	e Florida Dept. o:	f State:	
	8750 NW 36 STREET SUITE				
	Rogistered Office Address (MUST BE FL		DRESS)	_	W. A. S.
					SE
	DORAL	FI	33178		2021 SEP 24 AM
	501012	, I L_	000		
(Ъ	Capitol Corporate Services, In				M 9: 45
	Enter name of <u>NEW Registered Agent</u> and/o	NEW Registered (office address:		9.5 9.5 9.5
	515 East Park Avenue 2nd Fl				H 9: 45
	NEW Registered Office Address.				••
	Tallahassee	, FL	32301		
the clagent was/v the ar	elimited liability company is not organize thange or changes are made, the Florida st will be identical. Or, in the case of a F were authorized by an affirmative vote orticles of organization or the operating a	ed under the lawstreet address of the limited lial f the members of greement of the li	s of the State of the registered of pility company the limited lia imited liability	office and the business of	fice of the registered hat the change(s) erwise provided in
	ne are of a member or authorized representative of			Printed or typed name of	-
provi the o to me notifi	reby accept the appointment as registere isions of all statutes relative to the prope bligations of my position as registered a crefy reflect a change in the registered o ted in writing of this change.	er and complete p gent as provided ffice address, I h	serformance of for in Chapter ereby confirm	r my duties, and I am jam r 605, F.S. Or, if this doc that the limited liability o	e to comply with the iliar with and accept cument is being filed company has been
0	3 in Frelerts		•	istant Secretary on	
Signa			-	orporate Services, Ir	ic.
	Division of Corpo	rations• P.O. B	ox 6327= Tall	lahassee, FL 32314	

INHS18 (2/14)

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