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| (| Requestor's Name) | |
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| PICK-UP | WAIT | MAIL |
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| Special Instructions | to Filing Officer | |
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Office Use Only



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SECRETARY OF STALE
TAIL LAHASSEE, FLORID

COVER LETTER

| TO: | Registration Section Division of Corporations | | | | | | | |
|---------|--|-----------------------------------|--|--|--|--|--|--|
| STIR IF | 3100 SAN CARLOS LLC | | | | | | | |
| 30000 | | Name of Limited Liability Company | | | | | | |
| Dear Si | r or Madam: | | | | | | | |
| The end | closed Registered Agent/Registered | Office Change an | d fee(s) are submitted for filing. | | | | | |
| Please | return all correspondence concerning | g this matter to the | e following: | | | | | |
| James F | Ramos | | | | | | | |
| | Name of Person | <u> </u> | | | | | | |
| Ramos | Companies | | | | | | | |
| | Firm/Company | | | | | | | |
| 5706 S | MacDill Ave Suite 200 | | | | | | | |
| | Address | | | | | | | |
| Tampa, | FL 33611 | | | | | | | |
| | City/State and Zip Co | de | | | | | | |
| jr@ram | oscompanies.com | | | | | | | |
| Е | -mail address: (to be used for future | annual report not | ification) | | | | | |
| For fur | ther information concerning this ma | tter, please call; | | | | | | |
| James I | | 813 at (| 259-1111 | | | | | |
| | Name of Person | | Area Code & Daytime Telephone Number | | | | | |
| | Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 | | | | | |
| | Enclosed is a check for the follow | ving amount: | | | | | | |
| | S25 Filing Fee | ٥ | \$55 Filing Fee & Certified Copy | | | | | |
| INHSI | 3 (2/14) | | | | | | | |

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.

| l. Na | ame of the limited liability company: 3100 SAN CARL | LOS LL | С | | | | |
|---|--|--|---|---|---|--------------------------------------|-----------------------------|
| 2. (a) | c/o Ramos Companies | (b) c/o Ramos Companies | | | | | |
| 2. (a) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | _ | | Mailing address of limite (Note: MAY BE POS | - | | : |
| | 5706 S MacDill Ave Suite 200 | | 5706 S Ma | cDill Ave Suite 200 | | | |
| | Tampa, FL 33611 | _ | Tampa, FL | . 33611 | | | |
| | 10/13/2021 | | L210004478 | 320 | | | |
| 3. | Date of filing/registration in Florida | 4. | | Document number | | | |
| 5. (a) | GOODWIN, III, JAMES W | | | | | | |
| J. (a) | Registered Agent and Registered Office shown on the records of | the Flor | ida Dept. of State | - e: | | | |
| | 201 N FRANKLIN ST STE 2000 | | | | | | |
| | Registered Office Address (MUST BE FLORIDA STREET | ADDRE | <u>(SS)</u> | - | | | |
| | | | | | | | |
| | TAMPA , FI | L_33602 | | - - | TĂL | 202 | |
| (b) | RAMOS, JAMES A | | | _ | LAHASSI | 2023 JUN 21 | T |
| , , | Enter name of NEW Registered Agent and/or NEW Registered | d Office | address: | | SS | 2 | <u></u> |
| | c/o Ramos Companies | | | _ | EE. F | PH | [; |
| | NEW Registered Office Address: | | | _ | STATE | 13 | |
| | 5706 S MacDill Ave Suite 200 | | | _ | GE NDA | 30 | |
| | Tampa, FI | L_33611 | | _ | | | |
| change agent was/we the art | limited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members icles of organization or the operating agreement of the James L. Ramos | e regist iability of the l e limite | ered office an company, it is imited liabilit | d the business offices of the business of the | e of the re that the cl | gistere hange(: | d s) |
| _ | ature of a member or authorized representative of a member | _ | | Printed or typed name | _ | | |
| I here provisi the ob- to men notifie | by accept the appointment as registered agent and ag ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide electrical specifical in the registered office address, I d in writing of this change. | ree to d perfored ed for it hereby | act in this cap mance of my n Chapter 603 confirm that | acity. I further agreduties, and I am fan Suites, and I am fan Suites, F.S. Or, if this do The limited liability | ee to comp niliar with cument is company | oly with and a being has be | the ccept filed en |
| | ure of Registered Agent | | | | | | |