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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Aayon Penn, LLC Name of Limited	d Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change a	and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to t	he following:
John P. Carrigan, Esq. Name of Person	
ROSS, Earle, Bonan and Ensor, P.A. Firm/Company	
789 SW Federal Highway, Suite 101	
Stuart, Florida 34994 City/State and Zip Code	
E-mail address: (to be used for future annual report no	otification)
For further information concerning this matter, please call:	
John P. Carrigan at (772) Name of Person	287-1745 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 following amount:	
V .	1 \$55 Filing Fee & Certified Copy
INHS18 (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.

1. Name of the limited liability company:	1 Penn, LLC
2. (a) 1025 SW MARTIN DOWNS BIRD.	(b) 1025 8W Martin Downs Bird.
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
204	20 4
Palm City, FL 34990	Palm City, FL 34990
10 15 2021	L21000450466
3. Date of filing/registration in Florida	4. Document number
5. (a) Penn Agron	the Philipper Cons
Registered Agent and Registered Office shown on the records of the	· ·
1025 SW MAY + IN DOWN S Blv Registered Office Address (MUST BE FLORIDA STREET)	
ONI	IDDKESS)
204	
Yalm bity , FL	34990
(b) ROSS, Eavie, Bonan and Ensor	i al
(b) KOSS, EQVIE, DOMAN UNU ENSOY Enter name of NEW Registered Agent and/or NEW Registered	Office address:
and of the state o	50 T
789 SW Federal Highway	ARY DE THE
NEW Registered Office Address:	
Suit 101	Office address:
	<u> </u>
Stuart	34994
If the limited liability company is not organized under the law	
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 lia was/were authorized by a defirmative vote of the members o	the limited liability company or as otherwise provided in
the articles of organization or the operating agreement of the	limited liability company.
Six and the second seco	- Paron tenn
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 agripprovisions of all statutes relative to the proper and complete the obligations of my position as registered agent as provided to merely reflect a change in the registered office address, I have the provided in writing of this change.	ze to act in this capacity. I further agree to comply with the verformance of my duties, and I am familiar with and accept I for in Chapter 605, F.S. Or, if this document is being filed wreby confirm that the limited liability company has been
Signature of Registered Agent	

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