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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062

Phone : (888)705-7274

Fax Number

: (888)706-7274

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 FALCON 50EX 320, LLC

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COVER LETTER

	Registration Section Division of Corporations		
SUBJE	FALCON 50EX 320, LLC		
	Nam	e of Limited L	iability Company
Dear Si	r or Madam:		
The enc	losed Registered Agent/Registered Offic	e Change and	fee(s) are submitted for filing.
Please re	eturn all correspondence concerning this	matter to the	following:
Lori Wh	alen		
	Name of Person		_
Register	ed Agent Solutions, Inc.		
	Firm/Company		
Corporat	te Center One, 5301 Southwest Pkwy, Ste 40	00	
	Address		_
Austin, 1	TX 78735		
	City/State and Zip Code		
E-1	mail address: (to be used for future annu	al report notifi	cation)
For furth	ner information concerning this matter, p	olease call:	
Lori Wh	alen	888 at (705-7274
	Name of Person	_ " (Area Code & Daytime Telephone Number
1	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 a	mount:	
(□ \$25 Filing Fee	□ \$5	5 Filing Fee & Certified Copy
INHS18 ((2/14)		

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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	ime of the limited liability company: FALCON 508	EX 320, L	LC						
2. (a)	3455 NW 54TH STREET		(b)	3455 NW	V 54TH STREET				
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability cor (Note: MAY BE POST OFFICE B						
	MIAMI, FL 33142		-	MIAMI, F	L 33142				
	11/22/2021		U	2100050	0968		· · · · · · · · · · · · · · · · · · ·		
) .	Date of filing/registration in Florida	4.	_		Document n	umber			
i. (a)	CORP2000, INC.								
. (a)	Registered Agent and Registered Office shown on the records	of the Flor	ida D	ept. of Stat	- le:				
	155 OFICE PLAZA DR								
	Registered Office Address (MUST BE FLORIDA STREE	ET ADDRE	<u>(SS)</u>	-	_				
	SUITE A								
	TALLAHASSEE	_{EI} 32301			_				
(0)	Registered Agent Solutions, Inc. Enter name of NEW Registered Agent and/or NEW Registered Office address:			ALCARIAS ALCARAS	01. INF 828				
	2894 Remington Green Ln.						0 말		
	NEW Registered Office Address:				-	Es:	<u></u>	5	
	Ste. A				_		:. ≥0		
	Tallahassee	FL 32308	}			·			
hange gent w as/we	mited liability company is not organized under the or changes are made, the Florida street address of till be identical. Or, in the case of a Florida limited re authorized by an affirmative vote of the member cles of organization or the operating agreement of the	the registe liability of s of the li	red comp mite	office an pany, it is d liabilit	d the business s hereby confi y company or	s office of th irmed that th	e regi: e cha:	stered nge(s)	
الع	Lee Scott	Le	e Se	>ott		Authorized	Per	son	
Signati	ure of a member or authorized representative of a member				Printed or type	d name of sign	ce		
rovisio ie obli i mere otified	y accept the appointment as registered agent and a ons of all statutes relative to the proper and comple gations of my position as registered agent as provid ly reflect a change in the registered office address, in writing of this change.	to nortari	21/1/11/	a of my	dution and la	om Franilier s	mitle or	ad accord	
	Mackenzie Hibler, Asst. Sec	cretary							
ignatun	e of Registered Agent	•							