Division of Corporations

Florida Department of State

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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

ExEnter the email address for this business entity to be used for future : annual report mailings. Enter only one email address please.**

F 4 1	Address:			
rmaii	ANNICESS:			

LLC REGISTERED AGENT CHANGE **GOLDEN TURTLE LLC**

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NOV 16 2023

COVER LETTER

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TO: Registration Section Division of Corporations			
SUBJECT: GOLDEN TURTI	LE LLC		
	ne of Limited Liability Company		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Off	fice Change and fee(s) are submitted for filing.		
Please return all correspondence concerning th	is matter to the following:		
Mary Castillo			
Name of Person			
Registered Agent Solutions, Inc.			
Firm/Company			
5301 Southwest Pkwy, Suite 400			
Address			
Austin, Texas 78735			
City/State and Zip Code			
E-mail address: (to be used for future ann	nual report notification)		
For further information concerning this matter.	, please call:		
Mary Castillo	at (888 705-7274		
Name of Person	Area Code & Daytime Telephone Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a check for the following	g amount:		
□ \$25 Filing Fee	\$55 Filing Fee & Certified Copy		

15129570210

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. Na	ame of the limited liability company: GOLDEN	TURTLE LLO	<u> </u>			
2. (a)	6799 COLLINS AVE UNIT S-202	(b) 70 PII	(b) 70 PINE ST #5305			
2. (4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
	MIAMI BEACH, FL 33141	NEW YORK, NY 10005				
	12/16/2021	L21000)527223			
3.	Date of filing/registration in Florida	4.	Document number			
5. (a)	BLUMBERGEXCELSIOR CORPORATE S	SERVICES INC.				
(,	Registered Agent and Registered Office shown on the records of 155 OFFICE PLAZA DR 1ST FL		- v: -			
	Registered Office Address (MUST BE FLORIDA STREET)	<u> </u>	_			
	TALLAHASSEE FI	32301				
(b)	Registered Agent Solutions, Inc. Enter name of NEW Registered Agent and/or NEW Registered 2894 Remington Green Ln.	Office address:	2023 HOV 15 PH			
	NEW Registered Office Address:					
	Ste. A		. 56 -			
	Tallahassee FL	32308	-			
the cha agent v was/we the arti	imited liability company is not organized under the lavinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the registered office ability company, it is of the limited liability limited con limited liability con	e and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in inpany.			
/S/	Jaclyn Wright ture of a member or authorized representative of a member	Jaciyr	Wright, Authorized Person Printed or typed name of signee			
I herei provisi the obl to mere notified	by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d'in writing of this change. Mackenzie Hibler, Assistant Secretary	performance of my a d for in Chapter 605 hereby confirm that	acity. I further acree to comply with the			
Signatu	re of Registered Agent					