L2200002787

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Ct 10/17/2002

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

	ACCOUNT NO.	:	120000001	95					
	REFERENCE	:	745453	7644314					
	AUTHORIZATION	:	La Kal						
	COST LIMIT	:	\$/25.00	ned.					
ORDER DATE :	June 15, 2022								
ORDER TIME :	8:29 AM								
ORDER NO. :	745453-005								
CUSTOMER NO:	7644314								
CHANGE OF AGENT									
NAME: LAREDO STELLANTIS LAND, LLC									
CERTI	THE FOLLOWING AS	PRO	OOF OF FILI	NG:					
XX PLAIN	STAMPED COPY								

EXAMINER:

CONTACT PERSON: Alexxis Weiland -- EXT#

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: LARED	O STELL	ANTIS L	AND, LLC			_	
2. (a	9001 E. Colonial Drive				Colonial Drive			
	Principal office address of limited liability com (Note: MUST BE STREET ADDRESS)		_ (0		Mailing address of (Note: MAY)		_	
	Orlando, FL 32817		_	Orlando,	FL 32817			
	January 4, 2022			L2200000	2787			
3.	Date of filing/registration in Florida		4.		Document nu	mber		
5. (a	William R. Lowman, Jr., ESQ.							
J. (e	Registered Agent and Registered Office shown on the	records of th	e Florida	Dept. of Stat	e:			
	Shuffield Lowman & Wilson, P.A.							
	Registered Office Address (MUST BE FLORIDA .	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			_	(, 	207	
	1700 Legion Place, Suite 1700				<u> </u>)2 JI		
	Orlando	 . FL ³	32801		_	• •	022 JUN 16	
			•		_	, L		
(b			<u>.</u>		<u></u>	-	<u> </u>	<u>. – j</u>
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW F</u>	Registered C	Office add	i <u>ress</u> :		<u>-</u> :	ابا :0: ا	
	Corporation Service Company					ř. i	6	
	NEW Registered Office Address:				· -			
	1201 Hays Street				_			
	Tallahassee	FL_	32301		_			
chang agent was/v	e limited liability company is not organized underge or changes are made, the Florida street address will be identical. Or, in the case of a Florida liwere authorized by an affirmative vote of the morticles of organization or the operating agreement	ss of the re imited liab embers of	egistere pility cor the limi	d office an npany, it is ted liabilit	d the business s hereby confir y company or	office of med that	the reg	istered ange(s)
	/s/ Christopher Allen		Chris	topher All	en, Authorized	Person		
Sign	nature of a member or authorized representative of a memb	эег			Printed or typeo	I name of si	ignee	
provi the oi to me	reby accept the appointment as registered agent isions of all statutes relative to the proper and co bligations of my position as registered agent as prely reflect a change in the registered office add ted in writing of this change.	and agree omplete po provided , dress, I he	e to act i erforma for in Ci reby coi	n this cape nce of my e hapter 605 yfirm that i	acity. I further duties, and I a i, F.S. Or, if th the limited liab	r agree to m familia us docum bility com	compler with in ent is to be a pany high pany	y with the and accept being filed as been
	Lindrey M. Barone							
	uure of Registered Agent sey M. Baronie, Asst. Vice President on behalf of Corpora	ition Service	Company					

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