L2200018183

(Rei	questor's Name)			
(1.10	quester s marrier			
(Ad	dress)			
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(Cit	y/State/Zip/Phone	#)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nam	e)		
(Do	cument Number)	 -		
\	,			
Certified Copies	Certificates	of Status		
Special Instructions to I	Filing Officer:	;		
J.	HORNE			
MAY 2 5 2022				
(1)	-			

Office Use Only



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OVER MAY 24 PH 3: 35

RECEIVED

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 700762 8374597

AUTHORIZATION: Line Constitution :

COST LIMIT : \$(/2)5_00

ORDER DATE: May 23, 2022

ORDER TIME : 2:04 PM

ORDER NO. : 700762-009

CUSTOMER NO: 8374597

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CHANGE OF AGENT

NAME: BANYAN BOCA FL MANAGEMENT LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker -- 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. 1	Name of the limited liability company:	CA FL MANA	GEMENT LLC	
2. (a	7077 AV DILPARC	(b)	7077 AV DU PARC	
(-	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(~).	Mailing address of	limited liability company: POST OFFICE BOX)
	MONTREAL QC H3N 1X7 CA		MONTREAL QC H3N 1)	(7 CA
	01/14/2022		.22000018183	
7				1
3.	Date of filing/registration in Florida	4.	Document num	iber
5. (a)			
		of the Florida D	ept, of State:	700
	VCORP SERVICES, LLC			FIL 2022 MAY 24 SECRETARY ALLAHASSI
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				
	1200 SOUTH PINE ISLAND RD	·		Y 24 ASSE
	PLANTATION , F	L_33324		FILED 122 MAY 24 AM 9: 5 ECRETARY OF STATE LLAHASSEE, FIRE
				Sis 💆 🔘
(b				<u> </u>
	Enter name of NEW Registered Agent and/or NEW Registere	ed Office addr	<u>ess</u> :	
	Corporation Service Company			
	NEW Registered Office Address:			
	1201 Hays Street			
	Tallahassee, F	32301		
If the	e limited liability company is not organized under the lage or changes are made, the Florida street address of th	aws of the St	ate of Florida, it is hereby	y confirmed that after the
agent was/v	were authorized by an affirmative vote of the members rticles of organization or the operating agreement of the	iability composition	pany, it is hereby confirmed liability company or as	ned that the change(s)
	/s/ Jill Cilmi	Jill Cil	mi, Authorized Person	
Sign	nature of a member or authorized representative of a member		Printed or typed n	ame of signee
provi the o to me	when the appointment as registered agent and ag sions of all statutes relative to the proper and complete bligations of my position as registered agent as provide wely reflect a change in the registered office address. I ded in writing of this change.	gree to act in e performand ed for in Cha hereby conf	this capacity. I further a ce of my duties, and I am upter 605, F.S. Or, if this irm that the limited liabil	ngree to comply with the familiar with and accept document is being filed lity company has been
Signa	June of Registered Agent	Grace	E. Kirby, Asst. Vice Pres	sident