## Florida Department of State Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 : (561)694-8107

Fax Number : (561)214-8442

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## LLC REGISTERED AGENT CHANGE TUCKER LANDINGS, LLC

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T. LEMIEUX Help 27 2022

## 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	Νa	me of the limited liability company:Tucker Land	lings.	<u>LLC</u>	
		12895 SW 132ND STREET MIAMI, FL 33186 Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(b) 12895 SW 132ND STREET MIAMI, FL 33186 Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
3.		02/11/2022  Date of filing/registration in Florida	<b>-</b> 4.	L220	00054237  Document number
		CORPORATION SERVICE COMPAN	rv		
٦.	5. (a) CORPORATION SERVICE CONTAINT  Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  1201 HAYS STREET  Registered Office Address MUST BE FLORIDA STREET ADDRESS:				
		11,40,11,10,10,10,10,10,10,10,10,10,10,10,10	323	01-2525	_
	(b)	Corporate Creations Network Inc.  Enter name of NEW Registered Agent and/or NEW Registered  801 US Highway 1  NEW Registered Office Address:	Office #	ddress:	
		North Palm Beach , FL			<del>-</del>
8	hang gent	limited liability company is not organized under the law e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liaker furtherized by an affirmative vote of the members of the organization or the operating agreement of the	bility of f the light limited	ompany, it mited liabili liability co	is hereby confirmed that the change(s) ty company or as otherwise provided in mpany.
	_	Belline		<u>Carol Pet</u>	tine, Attorney-in Fact Printed or typed name of signee
Į.	I her provi he ol	aura of sinember or authorized representative of a member eby accept the appointment as registered agent and agr sions of all statutes relative to the proper and complete oligations of my position as registered agent as provide rely reflect a change in the registered office address, I and the maining of this change.	ee to a perfort d for in tereby	ct in this cap nance of my Chapter 60 confirm tha	to the when some to comply with the
		Carol Pettine, Special Secretary			
	, श्रमुख	Division of Corporations P.O. FILING F	Box 63 'EE: \$2	27∙ Tailab 25.00	assee, FL 32314

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