

L220000088698

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

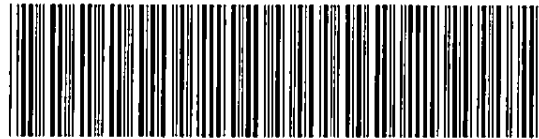
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

J. HORNE  
APR 23 2024

Office Use Only



000427531940

04/23/24--01008--003 \*\*50.00

RECEIVED  
2024 APR 22 PM 3:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
FILED  
2024 APR 22 AM 10:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# CORPORATE ACCESS, INC.

*When you need ACCESS to the world*

---

236 East 6th Avenue, Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

---

## WALK IN

PICK UP: BROOK 4/22

CERTIFIED COPY \_\_\_\_\_

XX PHOTOCOPY \_\_\_\_\_

GS \_\_\_\_\_

XX FILING CHANGE OF RA \_\_\_\_\_

1. NEWPORT GROUP MANAGERS XI, LLC

(CORPORATE NAME AND DOCUMENT #)

2. \_\_\_\_\_

(CORPORATE NAME AND DOCUMENT #)

3. \_\_\_\_\_

(CORPORATE NAME AND DOCUMENT #)

4. \_\_\_\_\_

(CORPORATE NAME AND DOCUMENT #)

5. \_\_\_\_\_

(CORPORATE NAME AND DOCUMENT #)

6. \_\_\_\_\_

(CORPORATE NAME AND DOCUMENT #)

SPECIAL  
INSTRUCTIONS:

---



---



---

**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: Newport Group Managers XI, LLC
2. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
- 2675 South Bayshore Drive, Unit 300-S 2675 South Bayshore Drive, Unit 300-S  
Coconut Grove, FL 33133 Coconut Grove, FL 33133
- 12/09/2021 L21000521114
3. Date of filing/registration in Florida 4. Document number
5. (a) \_\_\_\_\_  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
Kevin S. Grossfeld c/o Saul Ewing Arnstein & Lehr LLP  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
701 Brickell Avenue, 17th Floor  
Miami, FL 33133
- (b) \_\_\_\_\_  
Enter name of NEW Registered Agent and/or NEW Registered Office address:  
CCS GLOBAL SOLUTIONS, INC.  
NEW Registered Office Address:  
155 Office Plaza Drive, 1st Floor  
Tallahassee, FL 32301

FILED  
2021 APR 22 AM 10:16  
TALLAHASSEE, FL  
CLERK OF THE COURT

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

/s/ Stuart Zook

Signature of a member or authorized representative of a member

Stuart Zook

Printed or typed name of signee

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

/s/ Joanne Caswell

Assistant Secretary

Signature of Registered Agent