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(Document Number)					
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WALK IN

PICK UP: BROOK 4/23 **CERTIFIED COPY** XX**PHOTOCOPY** GS XX **FILING** CHANGE OF RA NEWPORT GROUP MANAGERS XII, LLC 1. (CORPORATE NAME AND DOCUMENT#) 2. (CORPORATE NAME AND DOCUMENT #) 3. (CORPORATE NAME AND DOCUMENT #) (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. Na	ame of the limited liability company: Newport Group	мапа	gers XII, LL	<u> </u>
2. (a)	Principal office address of limited liability company:	_ (t		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 So	uth Bayshore Drive, Unit 300-S
	Coconut Grove, FL 33133	_	Coconut	Grove, FL 33133
	03/03/22		L2200011	1733
3.	Date of filing/registration in Florida	4.		Document number
5. (a)				
J. (a)	Registered Agent and Registered Office shown on the records of the	ne Florida	a Dept. of State	- ::
	Kevin Grossfeld			
	Registered Office Address (MUST BE FLORIDA STREET A.	DDRES:	2)	-
	701 Brickell Avenue, 17th Floor c/o Saul Ewing A	Arnstei	n & Lehr	202 SEC
	Miami .FL	33131		FILE FILES
				121 N 152
(b)	Enter name of NEW Registered Agent and/or NEW Registered C			
	Enter name of NEW Registered Agent and/or NEW Registered C	Office ad	<u>ldress</u> :	10:58 11:00:58
	CCS GLOBAL SOLUTIONS, INC.			58
	NEW Registered Office Address:		 	
	155 Office Plaza Drive, 1st Floor			
	T 11 4		2204	-
	Tallahassee, FL_	3.	2301	-
change agent v was/w	imited liability company is not organized under the law c or changes are made, the Florida street address of the r will be identical. Or, in the case of a Florida limited liab ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the l	register oility co othe lin	ed office and ompany, it is nited liability	I the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
/s/ \$	Stuart Zook	St	uart Zook	
Signa	ture of a member or authorized representative of a member			Printed or typed name of signee
provis the obt to mer	by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address, I he d in writing of this change.	e to act perform for in (ereby c	t in this capa ance of my a Chapter 605 onfirm that t	icity. I further agree to comply with the luties, and I am familiar with and accept , F.S. Or, if this document is being filed the limited liability company has been
-	panne Caswell Assistant Secretary			

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

Signature of Registered Agent