## L22 000 214 999

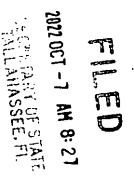
(Red	questor's Name)			
(Address)				
(Add	dress)			
(City	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

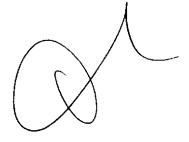
Office Use Only



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## **COVER LETTER**

TO:	Registration Section Division of Corporations			
SURJ	C&S Investments o	f West Palm Beach I	LLC	
5000		Name of Limited 1	Liability Company	
Dear S	Sir or Madam:			
The er	nclosed Registered Agent/Registered	Office Change and	I fee(s) are submitted for filing.	
Please	return all correspondence concernir	g this matter to the	following:	
Kevin	F. Richardson			
	Name of Person			
Clyatt	& Richardson, P.A.		PALLAHAS	
	Firm/Company			)
1401 F	Forum Way, Suite 720		ANS SE	Ę
	Address		OF STATE	٥
West I	Palm Beach, FL 33401			<u>ن</u>
	City/State and Zip Co	de	<del></del>	
jennife	er@crr-law.com			
	E-mail address: (to be used for future	annual report noti	fication)	
For fu	orther information concerning this ma	itter, please call:		
Kevin	F. Richardson	561 at (	471-9600	
	Name of Person		Area Code & Daytime Telephone Number	
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
	Enclosed is a check for the follow	wing amount:		
	D \$25 Filing Fee	<b>a</b> :	\$55 Filing Fee & Certified Copy	

## STÁTEMÉNT 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.

l. N	ame of the limited liability company:  C&S Investmen	ts of West Paln	n Beach LLC
2. (a)		(b)	
,	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	1200 S Flagler Drive, Unit 105	225	5 Dupont Drive
	West Palm Beach, FL 33401	Pro	ovidence, RI 02907
	05/20/2022	L220	000214999
3.	Date of filing/registration in Florida	4.	Document number
5. (a)			
5. (a)	Registered Agent and Registered Office shown on the records of	the Florida Dep	t. of State:
	Gene M. Carlino, Esquire		
	Registered Office Address (MUST BE FLORIDA STREET	(ADDRESS)	
	2424 North Fedreal Highway, Peninsula Plaza Suite 260		282
	Boca Raton , FI	L 33431	TALL
( <b>L</b> )	Kevin F. Richardson, Esq.		
(b)	Enter name of NEW Registered Agent and/or NEW Registered	d Office address	OF STATE
	NEW Registered Office Address:		<del></del>
	1401 Forum Way, Suite 720		
	West Palm Beach	33401	
chang agent was/w the art Sign I here obto men	limited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members licles of organization or the operating agreement of the atture of a number of additional actions of all statutes relative to the proper and complete digations of my position as registered agent as provided rely reflect a change in the registered office address, I add in writing of this change.	e registered of lability compa of the limited liabil  Joseph R	iffice and the business office of the registered any, it is hereby confirmed that the change(s) liability company or as otherwise provided in lity company.  Esposito  Printed or typed name of signee  this capacity. I further agree to comply with the