## 122000229496

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TO: Registration Section Division of Corporations	week.	
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SUBJECT: 1805 M2 LLC Name of Limited L	· · · · · · · · · · · · · · · · · · ·	
Name of Limited L	Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Melissa Budelman Name of Person		
EMFO LLC		
Firm/Company		
2700 S. Commerce Pa	artway Suiterou	
Weston FC 33331 City/State and Zip Code	<del></del>	
Roberto Caleassets (Caleassets)	fication)	
For further information concerning this matter, please call:		
Mulisa Bude Man at 954 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 following amount:		
\$25 Filing Fee	555 Filing Fee & Certified Copy	
(INHS18 (2/14)		

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: 1805 M2 L(C
2. (a)   805 M 2 LLC   (b)   80T M 2 LLC    Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)  (Note: MAY BE POST OFFICE BOX)
BOCA LATON, F(33432 BOCA LATON, F(33432
5/14/22 L 22000 229496  3. Date of filing/registration in Florida 4. Document number
5. (a) COR PCN ATION SFAUICE COMPANY Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  \[ \{ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
TALLAHASSEE FL 323c/
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:  DANA STACK
DANA STARK  NEW Registered Office Address:  3850 NW 2ND Ave Ste-#13
BOCA 1 ATON ,FL 3343/
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 ofganization or the operating agreement of the limited liability company.
Signature of a member of a uthorized representative of a member  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.
Signature of Recistered Agent Dawa Stark

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