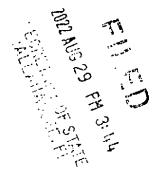
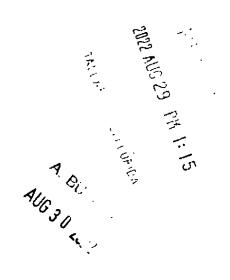


(Requestor's Name)								
(Address)								
(Address)								
(City/State/Zip/Phone #)								
(Only otto or Elph Hone h)								
PICK-UP WAIT MAIL								
(Business Entity Name)								
(Document Number)								
Certified Copies Certificates of Status								
Special Instructions to Filing Officer:								









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	me of the limited liability company:	L. & M. RC	DRIC	SUEZ N	/ANAGE	MENT	LLC	<u> </u>
2. (a)	420 EAST CHURCH STREET	742	(b	(b) 420 EAST CHURCH STREET 742				
2. (4,	Principal office address of limited lial (Note: MUST BE STREET AL		_		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	ORLANDO, FL 32801 ORLA			ORLAN	IDO, FL 32	801		
	06/10/2022)266585			,
3.	Date of filing/registration in	Florida	4.		Document nu	ımber		•
5. (a)	RODRIGUEZ, MARTIN G, MR.							
J. (u)	Registered Agent and Registered Office show	n on the records of th	ne Florida	Dept. of Stat	- e;			
	420 EAST CHURCH STREET 742							
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				-		2	
						2 .0	022	
	ORLANDO	, FL_	32801		-	ECREIN PALLAI		
(b)	Registered Agents Inc.					29 PH	; ;	
	Enter name of NEW Registered Agent and/or NEW Registered Office address:				_	IS.	بب	
	7901 4th St N					FL	3: 1,4	
	NEW Registered Office Address:							
	STE 300				_			
	St. Petersburg	, FL <u>'</u>	33702	2	_			
the cha agent v was/we	imited liability company is not organizing or changes are made, the Florida will be identical. Or, in the case of a Fere authorized by an affirmative vote coles of organization or the operating a	street address of t Florida limited lial of the members of	the regis bility co the lim	tered offic mpany, it i ited liabilit	e and the busins hereby confi y company or	ness offic irmed tha	ce of that the c	ne registered hange(s)
10	/ Martin Padrining		Mar	tin Rodrigu	Jez			
Signa	Martin Rodriguez ure of a member or authorized representative	of a member	•		Printed or type	d name of s	signee	
provisi the obl to mere	by accept the appointment as registere ons of all statutes relative to the proping ations of my position as registered of the registered of the writing of this change. Bill Havre	er and complete p went as provided	performa for in C ereby co	ince of my Thapter 602 Infirm that	duties, and Le 5. F.S. Or. if t	um famili this docu	ar witi ment is	h and accept s heing filed

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

Signature of Registered Agent