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Rebecca Cross

Paralegal, Trusts & Estates Practice Group

Direct Dial: 973-364-8355 Direct Fax: 973-618-5955

E-mail: RCross@bracheichler.com

August 17, 2023

Via Certified Mail RRR

Division of Corporations Attn: Jalesa S. Dennis P.O. Box 6327

Tallahassee, FL 32314

Re: L & S CV Condo LLC

Dear Ms. Dennis:

Enclosed herewith, please find an original Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company and Cover letter for L & S CV Condo LLC. Please apply the previously supplied check to this filing and return the balance.

Please amend the registered agent at this time according to the enclosed form.

If you have any questions, please do not hesitate to contact me.

Sincerely,

Rebecca Cross

Rebecca Cross Paralegal, Trusts & Estates Practice Group

RC: Encls.

Cc: Sandy Goldberg via e-mail only

COVER LETTER

TO:

Registration Section

Divisio	n of Corporations							
cup incr.	L & S CV Condo LLC							
SUBJECT:	Name of Limited Liability Company							
Dear Sir or Mac	Jam:							
The enclosed Re	egistered Agent/Registered Office Cha	ange and	fee(s) are submitted for filing.					
Please return all	l correspondence concerning this matt	er to the 1	following:					
David J. Ritter.	, Esq.							
	Name of Person							
Brach Eichler,	1tC.							
	Firm/Company							
101 Eisenhowe	er Parkway							
	Address		_					
Roseland, NJ 0	7068							
	City/State and Zip Code		_					
Sandy@pinske	rgoldberg.com							
	dress: (to be used for future annual rep	ort notifi	cation)					
For further info	rmation concerning this matter, please	call:						
Sanford Goldbe	erg	732	330-7200					
	Name of Person at (Area Code & Daytime Telephone Number					
Registr Divisio P.O. Bo	g Address: ration Section on of Corporations ox 6327 assee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					
Enclose	ed is a check for the following amou	nt:						
□ \$25 I	Filing Fee	□ \$5	55 Filing Fee & Certified Copy					
INHS18 (2/14)								

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.	Same of the limited liability company:L & S CV Conc	lo LLC				
2. (a	c/o Brach Eichler (b) c/o Brach E			Eichler		
(4	Principal office address of limited liability company: (<u>Note: MUST BE STREET ADDRESS</u>)	(0		Mailing address of limited liability company: (Note: MAY BE POST OFFICE ROX)		
	101 Eisenhower Parkway	_	101 Eisc	enhower Parkway		
	Roseland, NJ 07068		Roselanc	d, NJ 07068		
	June 13, 2022		1.22000268	3978		
3.	Date of filing/registration in Florida	4.	,	Document number		
5. (:	Corporation Service Company					
,	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of State	_ v:		
	1201 Hays Street					
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS	Į	-		
					203	4
	Tallahassee	32301		=	2023 AUG	FILED SPERETARY OF STAJE
	, FL	-		_	υ.	Ξ-n
(b					8-	24 E
(.,	Enter name of NEW Registered Agent and/or NEW Registered	l Office ade	dress:	-	줖	::Q O
					ڢ	- 55 - 57
	Lynne Goldberg			_	25	; m
	NEW Registered Office Address:				*	
	8871 Spotted Towhee Dr.			_		
	Naples , FL	34120		_		
chang agent was/v the ar	limited liability company is not organized under the law ge or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia were authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	registere ability con of the lim limited li	d office and impany, it is ited liability ability com	d the business offices hereby confirmed the company or as othe spany. Authorized Member	of the regi hat the cha erwise prov	stered nge(s)
	nature of a member or authorized representative of a member			Printed or typed name o	·	
provi the ou to me notifi	eby accept the appointment as registered agent and agressions of all statutes relative to the proper and complete oligations of my position as registered agent as provided rely reflect a change in the registered office address, I led in writing of this change	performa d for in C hereby co	nce of my a	luties, ånd I am fami, , F.S. Or, if this doc: he limited liability co	har with a	nd accent
Signa	ture of Registered Agent	•	-)	J J		
	Division of Corporations P.O. 1	Box 6327	• Tallahas	ssee, FL 32314		

FILING FEE: \$25.00

INHS18 (2/14)