

Florida Department of State Division of Corporations

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Division of Corporations

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From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

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LLC REGISTERED AGENT CHANGE **CENTURY 230, LLC**

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JUN 29 2022

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.

L N	lame of the limited liability company: Century 230), LLC	<u>.</u>				
2. (a)	000 NIM 400th A 11-14 2 000	(b	230 N	W 109th Ave.	, Unit 3-	220	
2. (0)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
	Miami, FL 33172		Miami, Fl	L 33172	•		
	6/24/2022	 _	L2200028				
3.	Date of filing/registration in Florida	4.		Document num	iber		
5. (a)			-			
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State. 1110 Brickell Ave., Suite 810			::			
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)						
	Miami, FI	L 33131		<u>.</u>		20	
(b				_		2022 JUN 28	٠,
	Enter name of NEW Registered Agent and/or NEW Registered	d Office add	<u>iress</u> :		. •	2	三. 元
	1110 Brickell Ave., Suite 810		<u>. </u>	_		8 PH	
	NEW Registered Office Address:	<u>.</u>		-	•	1:19	٠١.
	Miami F	L		_			
chang agent was/v	limited liability company is not organized under the lage 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 aticles of organization or the operating agreement of the	e registere lability co of the lim c limited l	d office and mpany, it is ited liability iability com	d the business of thereby confirm y company or as apany.	ffice of that	the regi	isterea inge(s)
Signature of a member or authorized representative of a member		Jeni —–	Jenisa Irizarry, Attorney-in-Fact Printed or typed name of signee				
I her provi the or to me	reby accept the appointment as registered agent and ag sions of all statutes relative to the proper and complete bligations of my position as registered agent as provide rely reflect a change in the registered office address, I gd in writing of this change. Jenisa Irizatry, Atto	ed for in C hereby co	ince of my a hapter 605 infirm that i	ncity. I further duties, and I am F.S. Or. if thi	agree to Jamilian s docum	- comply with a ent is b	mu accept wing filed
Sign	fure of Registered Agent	лис учи-г	act				