7/3/23, 3.27 PM Division of Corporations

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(((H23000234872 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INCORP SERVICES INC

Account Number: 120120000007 : (702)866-2500 Fax Number : (702)900-2290

> **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

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LLC REGISTERED AGENT CHANGE THE CENTERCAP GROUP, LLC

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M. SOLOMON

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COVER LETTER

10;	Division of Corporations			
SURI	ECT:	The Center	Cap C	Group, LLC
50110		Name of Limi	ted Li	ability Company
Dear S	Sir or Madam:			
The en	iclosed Registered Agent/Re	gistered Office Change	e and 1	fee(s) are submitted for filing.
Please	return all correspondence co	oncerning this matter to	o the f	ollowing:
	Kathy S	Shin		
***************************************	Name of P	***************************************		****
	InCorp Serv			<u> </u>
	Firm/Com	pany		
	3773 Howard Hughes	Pkwy. Suite 500S		
	Address			
	Las Vegas, NV			_
	City/State and	Zip Code		
	documents@i	incorp.com		
	3-mail address: (10 be used for	or future annual report	notific	cation)
For fu	nther information concerning	this matter, please cal	1:	
InCo	rp Services, Inc. / Kathy S	hin at (<u> </u>	300) 246-2677
	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 th	e following amount:		
	S25 Filing Fee		□ \$5:	5 Filing Fee & Certified Copy
INHS1	8 (2/14)			H23000234872 3

H23000234872 3 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.

2. (a.	THREE LANDMARK SQUARE, 5TH FLOOR		(b) THREE LANDMARK SQUARE, 5TH FLOOR					
, ,	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)						
	STAMFORD, CT 06901	•	STAMFO	RD, CT 06901				
	07/11/2022	_ 	_2200030	5438				
3.	Date of filing/registration in Florida	4.		Document number				
5 (a) CT CORPORATION SYSTEM							
2. (4	Registered Agent and Registered Office shown on the records of the	e Florida	Dept of State	- !	基與	2023		
	1200 SOUTH PINE ISLAND ROAD		- C	1 1 2023 JUL				
	Registered Office Address	•	<u> </u>	1 6				
					332 352 4	JUL -5 A)		
	PLANTATION .FL_	33	324		TARY OF STATE MASSEELFLORIO	14 :6 WW		
(b)	InCorp Services, Inc.				프루	÷		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered O</u>	ffice add	ress					
	3458 Lakeshore Drive							
	NEW Registered Office Address			•				

	Tallahassee . FL	32	312					
			201		e 1.1	c.		
the chagent	limited liability company is not organized under the laws lange or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liabilities authorized by an affirmative vote of the members of	ic regis ility cor	ered office npany, it is	and the business of thereby confirmed the	fice of the hat the cha	registered ingc(s)		
	ticles of organization or the operating agreement of the li-				•			
		Deb	orah Smitl	*******				
	ature of a member or authorized representative of a member			Printed or typed name o	_			
provi the ob to me	eby accept the appointment as registered agent and agree tions of all statutes relative to the proper and complete perions of my position as registered agent as provided perfect a change in the registered office address. I he withing of this change.	e to act erforma for in C ereby co	in this cape nee of my a hapter 605 iifirm that i	acity. I further agree duties, and I am fami , F.S. Or, if this doc the limited liability c	z to compl diar with c ument is b company h	y with the and accept seing filed as been		
₹,	Louise Breytenbach or	n beha	lf of InCo	rp Services, Inc.				

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

Signature of Registered Agent