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COVER LETTER

	istration Section ision of Corporations		
SUBJECT:	Almond Five, LLC		
		lame of Limited	Liability Company
Dear Sir or i	Madam:		
The enclose	d Registered Agent/Registered (Office Change a	nd fee(s) are submitted for filing.
Please return	n all correspondence concerning	this matter to tl	ne following:
Jennifer Schi	nidt		
_	Name of Person		
Quarles & B	rady, LLP		
	Firm/Company	· · · · ·	_
411 E. Wisco	onsin Avenue, Suite 2400		
	Address		
Milwaukee,	WI 53202		
	City/State and Zip Code	e	
jennifer.schn	nidt@quarles.com		
E-mail	address: (to be used for future a	nnual report no	tification)
For further i	nformation concerning this matt	er. please call:	
Jennifer Schi	nidt	414 at (277-5414
	Name of Person		Area Code & Daytime Telephone Number
Reg Div P.O	iling Address: gistration Section ision of Corporations . Box 6327 lahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enc	losed is a check for the followi	ng amount:	
≅ \$	25 Filing Fee		\$55 Filing Fee & Certified Copy
INHS18 (2/1-	4)		

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. N	ame of the limited liability company: Almond Five, I	JLC		
2. (a)		ı	(b)	
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	4427 Wayside Drive		4427 Wayside Drive	
	Naples, FL 34119		Naples, FL 34119	
	9/20/2022		L22000412350	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a))			
` '	Registered Agent and Registered Office shown on the records	of the Flori	orida Dept, of State:	
	Quarles & Brady, LLP			
	Registered Office Address (MUST BE FLORIDA STREE	ESS)		
	1395 Panther Lane, Suite 300			
	Naples	34109	TILLANASSEE.F	
	Napres	' l		
(b)				
()	Enter name of NEW Registered Agent and/or NEW Register	ed Office a		
	Registered Agent Solutions, Inc.		P	
	NEW Registered Office Address:			
	2894 Remington Green Ln, Ste A			
	Tallahassee, I	FL_32308	8	
change agent was/w the art	e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited tere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	he registe liability of s of the line limited	company, it is hereby confirmed that the change(s) limited liability company or as otherwise provided in ed liability company.	
Philipp E. Kaeferle Signature of a member or authorized representative of a member		Ph	Philipp E. Kaeferle, Authorized Representative	
			Printed or typed name of signee	
provis the ob to mer	by accept the appointment as registered agent and a ions of all statutes relative to the proper and complet ligations of my position as registered agent as provid ely reflect a change in the registered office address, d'in writing of this change.	gree to ac le perform led for in I hereby c	act in this capacity. I further agree to comply with the rmance of my duties, and I am familiar with and acce in Chapter 605, F.S. Or, if this document is being file we confirm that the limited liability company has been	

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

Adam Saldana Signature of Registered Agent