Florida Department of State Division of Comparations

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P. S.	STATES OF THE ST
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LLC REGISTERED AGENT CHANGE CMCA ENTERPRISE LLC

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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: CMCA Enterprise	e LLC			
2. (a)	1824NW42ST				
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			ailing address of limited	
	MIAMI,Florida (US)33142			· · · ·	
	9/28/2022 12:00:00 AM	1.	22000421182	2	
3.	Date of filing/registration in Florida	4.	D	Ocument number	
5. (a)	LEGALINC CORPORATE SERVICES INC.				
	Registered Agent and Registered Office shown on the records of 476 Riverside Ave.	f the Florida [Dept. of State:		
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)			
	Jacksonville, FI	L_32202		.•	2023
(b)	Corporate Creations Network Inc.			:,-	DEC
•	Enter name of NEW Registered Agent and/or NEW Registered	d Office addi	<u>'ess</u> :		
	801 US Highway I	·= ··			PH (1)
	NEW Registered Office Address:				2: 42
	North Palm Beach FI	L 33408			
change agent v was/w	imited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited litere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	e registered lability com of the limit limited lia	office and to pany, it is hed liability of bility compa	the business office of hereby confirmed the company or as othe	of the registered at the change(s)
Signa	ture of a member of authorized representative of a member			rinted or typed name of	f signee
I here provisi the obt to mer	by accept the appointment as registered agent and agi ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a charge in the registered office address, I d in writing of this charge.		n this capac ice of my du apter 605, I firm that the	ity. I further agree ties, and I am Jamil F.S. Or, if this doci e limited liability co	-
Signatu	ire of Registered Agent	ene Gossi	nan, specie	al Secretary	