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Division of Corporations

Florida Department of State Provision of Corporations Electronic Filling Sover Sheet

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LLC REGISTERED AGENT CHANGE THE SAILBOAT GANG LLC

DEPARTMENT OF STATE DIVISION OF CORPORATIONS TALL HER SEEF FLORIDA

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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. Na	ame of the limited liability company:	ang LLC	
2. (a)	4961 Haverhill Commons Circle, APT #26	(b)_	
2. ()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(v)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	West Palm Beach, Florida (US) 33417		
	10/17/2022 12:00:00 AM		2000446753
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	Registered Agent and Registered Office shown on the records of LEGALINC CORPORATE SERVICES INC. Registered Office Address (MUST BE FLORIDA STREET) 476 RIVERSIDE AVE		od, of State:
	JACKSONVILLE , F	L_32202	1
(b)	Enter name of NEW Registered Agent and/or NEW Registered	od Office address	1 2 2
	Cinc name of MAN Registered Agent and/or NEW Register	ea Office Route.	} ∴
	Corporate Creations Network Inc.		<u>; </u>
	NEW Registered Office Address: 801 US Highway		1
	North Palm Beach	L_33408	
change agent v was/we	imited liability company is not organized under the last or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members cles of organization or the operating agreement of the	ne registered of liability composition of the limited liability.	ffice and the business office of the registered any, it is hereby confirmed that the change(s) I liability company or as otherwise provided in
Signa	ture of a member of authorized representative of a member	-	Printed or typed name of signee
proviși the obl to merc	by accept the appointment as registered agent and as ons of all statutes relative to the proper and complete igations of my position as registered agent as provid tly reflect a change in the registered office address, i	gree to act in t e performance ed for in Chaj I hereby confi	his capacity. I further agree to comply with the e of my duties, and I am familiar with and accept oter 605, F.S. Or, if this document is being filed rm that the limited liability company has been
notified	in writing of this change.		anholzer, Special Secretary
Signatu	re of Registered Agent		
	Division of Cornerations P O	Hox 6327m 1	Fallahassee, FL 32314