## L22000453200

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
|   |
|   |
|   |

Office Use Only



400396613074

2022 OCT 27 AM IO: 03
SECT STATE DARY SEED FOR TALL AHASSEE, FU

2022 OCT 27 PH 3: 30

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

|                            | ACCOUNT NO.      | :   | 12000000195    |  |  |  |  |  |
|----------------------------|------------------|-----|----------------|--|--|--|--|--|
|                            | REFERENCE        | :   | 082815 7986366 |  |  |  |  |  |
|                            | AUTHORIZATION    | :   | Greekelenan    |  |  |  |  |  |
|                            | COST LIMIT       | :   | \$ 25.00       |  |  |  |  |  |
| ORDER DATE :               | October 27, 2022 |     |                |  |  |  |  |  |
| ORDER TIME :               | 2:25 PM          |     |                |  |  |  |  |  |
| ORDER NO. :                | 082815-010       |     |                |  |  |  |  |  |
| CUSTOMER NO:               | 7986366          |     |                |  |  |  |  |  |
| <b>* -</b>                 |                  |     |                |  |  |  |  |  |
|                            | CHANGE OF A      | GEN | <u>T</u>       |  |  |  |  |  |
|                            |                  |     |                |  |  |  |  |  |
|                            |                  |     |                |  |  |  |  |  |
| NAME: HARBOR DRIVE TWO LLC |                  |     |                |  |  |  |  |  |
|                            |                  |     |                |  |  |  |  |  |
| PLEASE RETURN              | THE FOLLOWING AS | PR  | OOF OF FILING: |  |  |  |  |  |
|                            | FIED COPY        |     |                |  |  |  |  |  |
| XX PLAIN                   | STAMPED COPY     |     |                |  |  |  |  |  |
|                            |                  |     |                |  |  |  |  |  |

EXAMINER:

CONTACT PERSON: Eyliena Baker -- EXT#

## 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) | , i ,  |                |  |                 |       |             |                           |
|--------|--|----------------|--|-----------------|-------|-------------|---------------------------|
| 2. (u) | Name of the limited liability company: MARBOR DRIVE  1002 EAST NEWPORT CENTER DRIVE    |                | 1002 EAST NEWPORT CENTER DRIVE   |                 |       |             |                           |
|        | Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS) |                | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |                 |       |             |                           |
|        | SUITE 200  |                | SUITE 200  | )               |       |             |                           |
|        | DEERFIELD BEACH, FL 33442  |                | DEERFIEL   | D BEACH, FL 334 | 442   |             |                           |
|        | 10/20/2022   |                | L22000453  | 200             |       |             |                           |
| 3.     | Date of filing/registration in Florida   | 4.             | 1  | Document number |       | <br>20      | <del></del> -             |
| 5. (a) | Registered Agent and Registered Office shown on the records                            | -Cab- Elasid-  | D1 -651-1  |                 | TALL  | <b>?</b> ?( | 1 T T T T                 |
|        | GARVER, TINA   | of the Florida | Dept. of State   | :               | LAHAS | 2022 OCT 27 |                           |
|        | Registered Office Address (MUST BE FLORIDA STREE                                       | T ADDRESS      | 1  |                 | 10.75 |             | है<br>ए <del>क्ट</del> ार |
|        | 1002 EAST NEWPORT CENTER DRIVE SUITE   | 200            |  |                 |       | AM 10: 03   |                           |
|        | DEERFIELD BEACH  | FL_33442       |  |                 |       | <u> </u>    |                           |
|        | Enter name of NEW Registered Agent and/or NEW Register                                 |                |  |                 |       |             |                           |
|        |  |                |  |                 |       |             |                           |
|        | NEW Registered Office Address:   |                |  |                 |       |             |                           |
|        | NEW Registered Office Address: 1201 Hays Street  |                |  |                 |       |             |                           |
|        | 1201 Hays Street   | FL_32301       |  |                 |       |             |                           |