## Laaccous 1025

(Requestor's Name)							
<del></del>							
( /	(Address)						
(Address)							
(//dd/033)							
(0	City/State/Zip/Phone #)						
PICK-UP	☐ WAIT	MAIL					
	Business Entity Name)						
\-	SESTIONS ETTING, THEMO,						
(0	Document Number)	<del></del>					
Certified Copies	Certificates of S	itatus					
Special Instructions to Filing Officer:							
J. HORNE							
007.24.0022							
OCT 3 1 2022							

Office Use Only



000396389030

2022 OCT 28 AM 9: 09

2022 OCT 28 FK 4: 00

; ; CORPORATION SERVICE COMPANY

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

ACCOUNT NO. : 12000000195								
REFERENCE : 085391 7986366								
AUTHORIZATION : Synchole man								
COST LIMIT : (\$ 25.00								
ORDER DATE: October 28, 2022								
ORDER TIME : 2:10 PM								
ORDER NO. : 085391-015								
CUSTOMER NO: 7986366								
CHANGE OF AGENT								
NAME: HARBOR DRIVE NINE LLC								
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:								
CERTIFIED COPY XXX PLAIN STAMPED COPY								
CONTACT PERSON: Eyliena Baker EXT#								
EXAMINER:								

## 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:	e LLC			
2.	(a)	1002 EAST NEWPORT CENTER DRIVE	(b	1002 EAS	T NEWPORT CENTER DRIVE	
	•	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_ ,	M	failing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)	
		SUITE 200		SUITE 200		
		DEERFIELD BEACH, FL 33442	<u> </u>	DEERFIEL	D BEACH, FL 33442	
		10/24/2022		L22000457	<sup>2</sup> 025	
3.		Date of filing/registration in Florida	4.	1	Document number	
5.	(a)					
	` '	Registered Agent and Registered Office shown on the records of t				
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  1002 EAST NEWPORT CENTER DRIVE SUITE 200			1022 DOT PARLYAND	
					4周日1	
		DEERFIELD BEACH , FL	33442		28 A	
					AH 9:	
	(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:			4	0.	
		enter name of M. W. Registered Agent and/or NEW Registered	uress:	60		
		Corporation Service Company				
		NEW Registered Office Address:		·•		
		1201 Hays Street				
		Tallahassee , FL	32301			
ch ag wa the	ange ent v as/we e arti	imited liability company is not organized under the law cor changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia cre authorized by an affirmative vote of the members of icles of organization or the operating agreement of the law of member or authorized representative of a member	registere bility co f the lim	d office and mpany, it is ited liability lability com	the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in	
I protection to	herei ovisi e obl mere tified	by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p figations of my position as registered agent as provided ely reflect a change in the registered office address, I h d in writing of this change.	ee to act performa I for in C ereby co	in this capa ince of my di hapter 605, infirm that th	city. I further agree to comply with the uties, and I am Jamiliar with and accept F.S. Or, if this document is being filed a limited liability company has been	
Si	gnatu	re of Registered Agent  Assistant Nice President				