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(Business Entity Name) (Document Number)	
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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:	CONDO H	IOLDINGS, I	LLC
2. (a)	5055 BABCOCK STREET NE, SUITE 4	(5055 BAI	BCOCK STREET NE, SUITE 4
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)
	PALM BAY, FL 32905		PALM BA	Y. FL 32905
	10/31/2022		L22000465	6409
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	BRADLEY F. WHITE, ESQ.			
5. (u)	Registered Agent and Registered Office shown on the records	of the Floric	la Dept. of State	- e:
	2101 WAVERLY PLACE, SUITE 100			
	Registered Office Address (MUST BE FLORIDA STREE	Office Address (MUST BE FLORIDA STREET ADDRESS)		
				_
	MELBOURNE	FL 32901		,
	;			-
(b)			. <u> </u>	_
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registe</u>	red <u>Office a</u>	<u>ddress</u> :	
	Corporation Service Company			
	NEW Registered Office Address:			-
	1201 Hays Street			
				-
	Tallahassee	FL_32301		_
change agent v was/w	imited liability company is not organized under the e or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the member icles of organization or the operating agreement of the	he register liability co s of the lir	ed office and ompany, it is nited liability	d the business office of the registered hereby confirmed that the change(s) y company or as otherwise provided in
/S/ MARK SHAPIRO		Ма	rk Shapiro/ N	Manager
Signa	ture of a member or authorized representative of a member			Printed or typed name of signee
provisi the obl to mer	by accept the appointment as registered agent and a ions of all statutes relative to the proper and comple ligations of my position as registered agent as providely reflect a change in the registered office address, d in writing of this change.	te perform ded for in Thereby c	ance of my a Chapter 605, onfirm that t	huties, and I am familiar with and accept , F.S. Or, if this document is being filed he limited liability company has been
Signatu	ire of Registered Agent	Grace E.	Kirby, Asst.	Vice President
	Division of Corporations• P.C). Box 632	7● Tallahas	see, FL 32314

FILING FEE: \$25.00

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