Florida Department of Sta Division of Combrations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : COMPUTERSHARE Account Number : 110432003053 : (561)694-8107 Fax Number : (561)214-8442

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

| Email Address: | |
|----------------|--|
| | |

LLC REGISTERED AGENT CHANGE SHORE BREAK SHACK LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | \$25.00 |

Help

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. Ni | ume of the limited liability company: Shore Break Shac | k LLC | |
|--|---|--|--|
| 2. (a) | 9 Seminole Ave | | |
| 2. (, | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | (" / <u></u> | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| | Palm Coast Florida (US)32137 | | |
| | 11/3/2022 12:00:00 AM | 1.2200 | 00472929 |
| 3. | Date of filing/registration in Florida | 4. | Document number |
| 5. (a) | LEGALING 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, F | L 32202 | 2023 DEC -8 |
| /h) | Corporate Creations Network Inc. | | EC. |
| (b) | Enter name of NEW Registered Agent and/or NEW Registered | d Office address: | <u> </u> |
| | 801 US Highway I | | AHII |
| | NEW Registered Office Address: | | 53 |
| | North Palm Beach, Fl | L ³³⁴⁰⁸ | |
| change agent v was/we | 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 icles of organization or the operating agreement of the | e registered off ability compar of the limited l limited liabili | ice and the business office of the registered by, it is hereby confirmed that the change(s) liability company or as otherwise provided in |
| Signa | ture of a member or authorized representative of a member | | Printed or typed name of signee |
| I here provisi the obl to mer notified | by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change. | performance of the performance o | is capacity. I further agree to comply with the of my duties, and I am familiar with and accept er 605, F.S. Or, if this document is being filed in that the limited liability company has been Special Secretary |
| | ire of Registered Agent | no Goodinall, | opoolal doorour, |