Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.
Account Number : I20090000081
Phone : (307)200-2803
Fax Number : (813)436-5206 annual report mailings. Enter only one email address please. \*\*.---ىب

Email Address:\_\_

## LLC REGISTERED AGENT CHANGE 484 DEERFIELD BEACH 0001 LLC

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10/16/2023 14\_50 30 PDT To 18506176383 Page 2/2 From: Registered Agents Inc Fax: 2083295248

## 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.

484 DEERFIELD BEACH 0001 LLC

(a)		(b)			
	Principal office address of limited Hability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	7901 4th St N STE 300	PO	PO Box 4620 Stateline NV 89449		
	St. Petersburg FL 33702	Stat			
	11/18/2022	L220	00494290		
	Date of filing/registration in Florida	4,	Document number		
(a)	SKAN PROPERTY MANAGEMENT SERVICE LLC				
(b)	Registered Agent and Registered Office shown on the records o				
	5924 SHERIDAN ST				
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	<del></del> -		
	STE 1111				
	HOLLYWOOD, F	L 33021	<del></del>		
	Northwest Registered Agent LLC		``````````````````````````````````````		
	Enter name of NEW Registered Agent and/or NEW Registered Office address:		2823 057 17		
			0.77		
	7901 4th St N				
	NEW Registered Office Address:		P. C.		
	STE 300		 ∷ ∷ ∷ ∷ ∷ ∷		
	St Petersburg	33702 I	3: 0g		
e cha ent w as/we	mited liability company is not organized under the lange or changes are made, the Florida street address of a Florida limited for a uthorized by an affirmative vote of the members of es of organization or the operating agreement of the	of the registered liability compar of the limited I	l office and the business office of the register ny, it is hereby confirmed that the change(s) lability company or as otherwise provided in		
	ure of a member or authorized representative of a member	Nat Smith			
			Printed or typed name of signee		
hereb ovisio e obli	oy accept the appointment as registered agent and agens of all statutes relative to the proper and complete gations of my position as registered agent as provide ly reflect a change in the registered office address, I	ree to act in the performance of	is capacity. I further agree to comply with the of my duties, and I am familiar with and according F.S. Or, if this document is being file		