2300007415

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

CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 908119 4321791

AUTHORIZATION : June 10

COST LIMIT : \$/55/00

ORDER DATE : July 28, 2023

ORDER TIME : 9:05 AM

ORDER NO. : 908119-005

CUSTOMER NO: 4321791

CHANGE OF AGENT

NAME: 10825 SE FEDERAL HIGHWAY, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX ___ CERTIFIED COPY ____ PLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER:

COVER LETTER

TO: F	Registration Section Division of Corporations						
SUBJEC	10825 SE Federal Highway, LLC						
Name of Limited Liability Company							
Dear Sir	or Madam:						
The enclo	osed Registered Agent/Registered Office	c Change a	and fee(s) are submitted for filing.				
Please ret	turn all correspondence concerning this	matter to t	he following:				
	Name of Person						
	Firm/Company						
	Address						
	City/State and Zip Code		- 				
E-m	nail address: (to be used for future annua	l report no	Olification)				
For further	er information concerning this matter, pl	ease call:					
		at (,				
	Name of Person	(Area Code & Daytime Telephone Number				
	failing Address:		Street Address:				
	egistration Section		Registration Section				
	Division of Corporations		Division of Corporations				
	O. Box 6327		The Centre of Tallahassee				
'	allahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
E	nclosed is a check for the following a	nount:					
	\$25 Filing Fee	٥	\$55 Filing Fee & Certified Copy				
INHS18 (2	V14)						

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.	Ne	ame of the limited liability company: 10825 SE Feder	ral High	۱W;	ay. LLC			<u></u>	
2.	(a)			(h)					
	, ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0)		Mailing address o			
		360 S. Rosemary Avenue, Suite 800			360 S. Ro	osemary Avenu			
		West Palm Beach, FL 33401	_		West Pale	m Beach, FL 33	3401		
		01-03-2023		ι	.23000007	7415			
3.		Date of filing/registration in Florida	4.	_	 	Document nur	nber		
5.	(a)								
	,	Registered Agent and Registered Office shown on the records of a Corporation Company of Miami	the Florid	da I	Sept. of Stat	 te:			
		Registered Office Address (MUST BE FLORIDA STREET)	IDDRES			- -			
		525 Okeechobee Boulevard, Suote 1100 AJM					긎	20	
		West Palm Beach . FL	33401			_	TALLA	2023 JUL	-17
						-	AHASSE		
	(b)					_	SE Y	28	r
		Enter name of NEW Registered Agent and/or NEW Registered	Office a	₫₫	(£37):	_	u či	≥	
		Corporation Service Company					S DATE FLORIDA	AM IO:	O
		NEW Registered Office Address:			· · · · · · · · · · · · · · · · · · ·	_	10 J	29	
		1201 Hays Street				_	,		
		Tallahassee, FL_	32301						
age was the S I h prothe to not	ignat ignat ignat ereb ovisio obli nere ifiea	or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lia re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the large of a member of authorized representative of a member of the large of a member of authorized representative of a member of the large of a member of authorized representative of a member of accept the appointment as registered agent and agreems of all statutes relative to the proper and complete particles of my position as registered agent as provided by reflect a change in the registered office address. The large of this change.	s of the register bility co f the lir limited Ale	e S red or nit lia xis	office and pany, it is ed liability bility com Kremen,	d the business of shereby confirm y company or a npany. Authorized Perinted or typed	office of the med that the so otherwise rson	registe chang provid	ered e(s) ed in
org	iiiiiiii	e of Registered Agent							