## La3000037219

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	<del></del> -
(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nam	e)
(Do	ocument Number)	
rtified Copies	_ Certificates	of Status
pecial Instructions to	Filing Officer:	-

Office Use Only



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TO CHI YED

## COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT:		
٨	lame of Limited I	Liability Company
Dear Sir or Madam:		
The enclosed Registered Agent/Registered (	Office Change and	d fee(s) are submitted for filing.
Please return all correspondence concerning	; this matter to the	following:
Sandra Z. Green, Esq.		
Name of Person		
Jonathan H. Green & Associates, P.A.		
Firm/Company		
901 Ponce De Leon Boulevard, Suite 601		
Address		
Coral Gables, Florida 33134		
City/State and Zip Cod	e	<del></del>
szg@jhglaw.com		
E-mail address: (to be used for future	annual report noti	fication)
For further information concerning this mat	ter, please call:	
Sandra Z. Green, Esq.	305 at (	372-5100
Name of Person	at (	Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the follow	ing amount:	
<b>≅</b> \$25 Filing Fee	٥	\$55 Filing Fee & Certified Copy
INHS18 (2/14)		



September 25, 2023

FLORIDA CAPITAL COURIER SERVICES

SUBJECT: 36, LLC

Ref. Number: L23000037219

We have received your document for 36, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan Regulatory Specialist III

Letter Number: 123A00022082



FLORIDA CAPITAL COURIER SERVIC	LES, INC
2330 CLARE DRIVE	
TALLAHASSEE, FL 32309	
(850) 524-5437	
(850) 524-6243	1 Tanganno 160
(850) 524-6243  Please Use For Payment According to the Payment Accordi	ount# 1.70.21000 2.20
Please see attached of payment:\$25.0	IO .
Authorization Signature:	Janualle
	Å.
36, LLC. L23000037219	
BUSINESS	#DOC
Certified copy of Articles of Organi	zation
Certificate of Status	
NEW FILINGS	<u>AMENDMENTS</u>
Profit Corp	_Amendment
Not for Profit	Resignation of R.A.
Officer/Director	Articles of Dissolution
Limited Liability	X Change of Registered Agent
Domestication	Revocation of Dissolution
Other	Merger
CORP	Conversion
LLLP	Amended and restated Articles
	Statement of Correction
	<del></del>
OTHER FILINGS	
	EGISTERATION/QUALIFICATIONS
Annual Report	Foreign filing
· ·	Limited Partnership
Fictitious Name	Reinstatement
APOSTILLE:	OTHER
	<del></del>
AMINIER'S INITIALS:	

## 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.

a)	382 NW 191 Street, Suite 31904, Miami, FL 33179	(b	382 NW I	91 Street, Suite	31904, Miar	ni, FL	33179
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	,		Mailing address of ( <u>Note: MAY Ba</u>		•	
		<del></del>					
	01/26/2023	<del></del>	L230000372			_	
	Date of filing/registration in Florida	4.		Document nur	nber		
(a)	NATHAN W. RICH			<u>-</u> .			
	Registered Agent and Registered Office shown on the records	of the Florida	Dept. of Stat	e;			
	Registered Office Address (MUST BE FLORIDA STREE	TADDRESS	∑ ∑	_			
	382 NW 191 STREET, SUITE 31904						
	MIAMI .	33179		_			
	.1	FL		_	Z.	2023	
b)	JONATHAN H. GREEN & ASSOCIATES, P.A.				ung IANY LAHASSER	SEP	$\neg$
υj	Enter name of NEW Registered Agent and/or NEW Register	ed Office ad	dress:	_	ASA	P 25	
	901 Ponce De Leon Boulevard,			_	OF STATE OF FLORIDA	A	
	NEW Registered Office Address:				OR E	<u>ب</u>	
	Suite 601		······································	_	IDA IDA	27	
	Coral Gables, 1	FL		_			
vve ur v	amited liability company is not organized under the lor changes are made, the Florida street address of the relation of the case of a Florida limited at the relation of the authorized by an affirmative vote of the members cles of organization of the operating agreement of the	he registere liability co s of the lim te limited l	ed office an impany, it is iited liabilit	d the business of the business	office of the med that the	e regi	stered nge(s)
unat	ure of a member or authorized representative of a member		Oleen	Printed or typed	name of sign	ee	
· vel	by accept the appointment as registered agent and a ions of all statutes relative to the proper and comple igations of my position as registered agent as provid- tly reflect a change in the registered office address,	gree to act te perform	in this cap	acitv. I further	agree to c	ompl	with to and acc eing fil