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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (614)573-3996

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

Email	Address:			

## LUC REGISTERED AGENT CHANGE 44 CHR, LLC

DETA FEB - 9 - AM 113 CB DETA - CATA FORATIONS BYISICA - CATA FURION TALL - CASE FURION

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Signature of Registered Agent

Tc:

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

2024-02-09 08:18:49 PST

Pursuant to the provisions of sections 605.0114 or 695.0116, 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.

l. Na	ame of the limited liability company: 44 CHR, LLC	·	<del></del> -			
2. (a)		,	h)			
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(b)			
	31 OCEAN REEF DRIVE, #A201	24 DOCKSIDE LANE, PMB 216				
	KEY LARGO, FL 33037		KEY LARGO, FL 33037			
	02/06/2023		L2300005	56233		
3.	Date of filing/registration in Florida	4.		Document number		
5. (a)			<del></del>			
	Registered Agent and Registered Office shown on the records of REYCRAFT, THOMAS	the Placid	la Dept. of St	tate:		
	Registered Office Address MUST BE FLORIDA STREET.	4DDRES	(S)	_		
	31 OCEAN REEF DRIVE, #A201		_	<b>20</b> 3		
	KEY LARGO , FI.					
(b)	C T Corporation System			28-48 28-48 6-8		
(1)	Enter name of NEW Registered Agent and/or NEW Registered	Office a	ldress:	FEB -9 PM 3: 24  CRETARY OF STAT  ALLAHASSEE, FI		
	NEW Registered Office Address:					
	1200 South Pine Island Road					
	Plantation , FL	33324				
the cha agent w www.we the artif  Signat I hereb provisit the oblit to mere	imited liability company is not organized under the laying or changes are made, the Elorida street address of will be identical. Or, in the case of a Florida limited his calchorized by an affirmative vote of the periods of organization of the operating agreement of the use of a member or authorized representation of a member on a member of all statutes relative to the proper and complete into the proper and th	the reg ability c of the li- limited	istered offi ompany, it nited liabil liability co	ice and the business office of the registered tis hereby confirmed that the change(s) hity company or as otherwise provided in ompany.  Printed or typed name of signee  Apacity. I further agree to comply with the		