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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088 If there are any issues please contact Patrice at 850-202-9071

Date:(03/06/2024	
Name:	Patrice Rush	_
	2293983	_
	229 3RD	STREET LLC
	s of Incorporation/Authorization	
✓ Change	e of Agent	
Reinsta	atement	
Conve	rsion	
☐ Merger	r	
☐ Dissolu	ution/Withdrawal	
Fictitio	us Name	
Other_		
Authorized Ar	mount: \$25	

F: 800.944.6607

COVER LETTER

FO: Registration Section Division of Corporations								
229 3RD STREET LLC SUBJECT:								
Name of Limited Liability Company								
Dear Sir or Madam:								
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.							
Please return all correspondence concerning this	matter to the following:							
CHRISTINE MILLER								
Name of Person								
CLARK HILL								
Firm/Company								
130 E RANDOLPH ST, STE 3900								
Address								
CHICAGO, IL 60601								
City/State and Zip Code								
cdmiller@clarkhill.com								
E-mail address: (to be used for future annua	l report notification)							
For further information concerning this matter, pl	ease call:							
Name of Person	Area Code & Daytime Telephone Number							
Mailing Address:	Street Address:							
Registration Section	Registration Section							
Division of Corporations	Division of Corporations							
P.O. Box 6327	The Centre of Tallahassee							
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303							
Enclosed is a check for the following a	mount:							
■ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy							

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. Na	ame of the limited liability company: 229 3RD STREE	T LLC	_					
2. (a)	26476 HICKORY BLVD		(b) _S/	AME				
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	BONITA SPRINGS, FL 34134	<u> </u>			_			
								
	3/21/2023		L23	000128 ——				
3.	Date of filing/registration in Florida	4.			Document n	umber		
5. (a)	WWMR STATUTORY AGENT, LLC				_			
(,	Registered Agent and Registered Office shown on the records of	the Flor	ida Dep	ot, of Stat	te:			
	Registered Office Address (MUST BE FLORIDA STREET	ADDRE	<u>'SS)</u>		_	TAT.	202	
	9045 STRADA STELL COURT, SUITE 400					L'AI	2024 MAR	<u> </u>
	NAPLES, FI	34109)		_	i ASSE	IR -7	<u></u>
(b)	COGENCY GLOBAL INC.						AM 10:	
` ,	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	1 Office	<u>addres</u> :	<u>\$</u> :		AHASSEE FLORIDA	0: 50	
	NEW Registered Office Address:				_			
	115 N. CALHOUN ST., STE 4				_			
	TALLAHASSEE , FE	32301			_			
change agent v was/w	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 of cless of organization or the operating agreement of the	registe ability of the li	ered of compa imited	ffice an any, it i Hiabilit	id the busines s hereby conf ty company o	s office of firmed that	the reg t the ch	gistered ange(s)
/s/	Kenneth R. Buckman	K	ENNE	TH R. E	BUCKMAN			
Signa	sture of a member or authorized representative of a member				Printed or type	ed name of s	ignee	
provis the obs to mer notifie	hy accept the appointment as registered agent and agricons 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 do in writing of this change.	ree to a perfor d for in hereby	ect in to mance Chap confir	his cap of my oter 60: m that	acity. I furth duties, and I 5, F.S. Or, if the limited lid	er agree to am familio this docun ability con	o compl ar with nent is l npany h	ly with the and accept being filed as been
	ori Wallace, Assistant Sect.							