## 23000 12 £509

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

Office Use Only



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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	<del></del>				
	#: <b>2293983</b>					
	e: <b>237</b> :	BRD STREET LLC				
☐ Artic	les of Incorporation/Authoriz	ation to Transact Business				
☐ Ame	ndment					
Reinstatement						
Con	version					
☐ Mero	ger					
☐ Diss	olution/Withdrawal					
☐ Fictif	tious Name					
☐ Othe	er					
Authorized						
Signature:	( Prest Cle					

F: 800.944.6607

## **COVER LETTER**

	Registration Section Division of Corporations					
SUBJEC	237 3RD STREET LLC					
SUBJEC	Name of Limited Liability Company					
Dear Sir o	or Madam:					
The enclo	osed Registered Agent/Registered Office Ch	ange and fee(s) are submitted for filing.				
Please ret	turn all correspondence concerning this matt	er to the following:				
CHRISTI	NE MILLER					
	Name of Person	<del></del>				
CLARK F	HILL					
	Firm/Company	<del></del>				
130 E RA	NDOLPH ST. STE 3900					
	Address					
CHICAGO	O, IL 60601					
	City/State and Zip Code					
cdmiller@	gclarkhill.com					
E-m	nail address: (to be used for future annual re	port notification)				
For further	er information concerning this matter, please	e 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				
Т	Fallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
E	Enclosed is a check for the following amou	nt:				
•	\$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy				

INHS18 (2/14)

## 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: 237 3RD STREE	ET LLC					
2. (a)	26476 HICKORY BLVD	(	b) SAME				
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		··)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	BONITA SPRINGS, FL 34134			<del></del>			
		_					
	3/21/2023		1.2300012	28509			
3.	Date of filing/registration in Florida	4.		Document number			
5. (a)	WWMR STATUTORY AGENT, LLC						
3. (a)		Registered Agent and Registered Office shown on the records of the Florida Dept. of State:					
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)						
	9045 STRADA STELL COURT, SUITE 400			E 1 2024 MAR			
	NAPLES , F	L		TI-			
(b)	COGENCY GLOBAL INC.	SEEC. A					
	Enter name of NEW Registered Agent and/or NEW Registered Office address:			AR -7 AM 10: 54  AR -7 AM 10: 54  HASSEE, FLORIDA			
	NEW Registered Office Address:	_		<del></del>			
	115 N. CALHOUN ST., STE 4						
	TALLAHASSEE , F	L		<u> </u>			
change agent was/w	limited 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 lifere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	e register iability c of the lir	ed office ompany, i nited liabi	and the business office of the registered t is hereby confirmed that the change(s) lity company or as otherwise provided in			
/s	/ Kenneth R. Buckman	KE	NNETH R	. BUCKMAN			
Signa	ature of a member or authorized representative of a member			Printed or typed name of signee			
provis. the obt to mer	by accept the appointment as registered agent and agions 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 d in writing of this change.	ree to ac e perform ed for in hereby c	t in this co ance of m Chapter 6 confirm the	apacity. I further agree to comply with the y duties, and I am familiar with and accept 05, F.S. Or, if this document is being filed at the limited liability company has been			
	lori Wallace, Assistant Sect.						
Signati	ure of Registered Agent						