## Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

∠Email Address:\_

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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## LLC REGISTERED AGENT CHANGE **COMFORT LANI LLC**

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FRC 0.1 2023



## 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.

i. N	ame of the limited liability company: $ \underline{C} $	OMFOR	RT LANI I	LLC	
2. (a)	Principal office address of limited liabilit (Note: MUST BE STREET ADD)		(b)	Mailing address of limited (Note: MAY BE POST	
		<del></del>			
	03/30/23		L23(	000160585	
3.	Date of filing/registration in Flo	orida	4.	Document number	
5. (a)	BELORGE. BELINA		···		
	Registered Agent and Registered Office shown o	n the records of th	e Florida Dept. of	State	
	Registered Office Address (MEST BE FLOR	UDA STREET A)	DDRESS)	<u></u>	
	524 ANGLER DRIVE				
	DELRAY BEACH	F1	33445		2
	Northwest Registered	Agent I	I C.	-	2023 AFR
(h)	Enter name of NEW Registered Agent and/or N			•	
					20 = - ?
	7901 4th St N				<u> </u>
	NEW Registered Office Address				$\sim$
	STE 300			· <del>_</del> -	<u> </u>
	St. Petersburg	. FL.	33702		
the cha agent v was/wa	imited liability company is not organized inge or changes are made, the Florida strewill be identical. Or, in the case of a Florer authorized by an affirmative vote of the operating agree.	et address of t ida limited lial he members of	he registered of sility company, the limited liab	ffice and the business offi it is hereby confirmed the oility company or as other	ice of the registere at the change(s)
	ture of a member of authorized representative of a			NAT SMITH	
Signa	ture of a member or authorized representative of a	member	<del></del>	Printed or typed mane of	signee
provisi the obl to mer	by accept the appointment as registered a ions of all statutes relative to the proper of ligations of my position as registered age ely reflect a change in the registered offic d in writing of this change.	and complete p	erformance of s	my daties and Lam famil	har with and accer

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILANG FEE: \$25,00

Taylor Newman - Assistant Secretary

Signature of Registered Agent