

Florida Department of State

→ 18506176383

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Division of Corporations

Fax Number : (850) 617-6383

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Account Name : COMPUTERSHARE Account Number : 110432003053 : (561) 694-8107 Phone : (561)214-8442 Fax Number

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

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LLC REGISTERED AGENT CHANGE **472 LEGACY LLC**

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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.

)		_ ({)	ALINES ALY
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
SAI	INT CLOUD, FL 34771	-	SAINT C	CLOUD, FL 34771
04/2	25/2024		L2300018	4053
-	Date of filing/registration in Florida	4.		Document number
LEC	GALINC CORPORATE SERVICES INC.			
	stered Agent and Registered Office shown on the records of th	e Florida	Dept. of St	ale:
476	S RIVERSIDE AVE.			
Regi	istered Office Address (MUST BE FLORIDA STREET AL	DRESS	2	_
JAC	CKSONVILLE , FL 3	2202		
Corp	porate Creations Network Inc.			2024 AP!? 25
Enter	r name of NEW Registered Agent and/or NEW Registered C	ffice ad	dress:	A Property of the Property of
801	US Highway I			25
NEV	W Registered Office Address:			=======================================
				ά
				5: 4:9
Nor	rth Palm Beach , FL	3408		<u> </u>
ge or cl will be were au	and liability company is not organized under the laws hanges are made, the Florida street address of the rese identical. Or, in the case of a Florida limited liab atthorized by an affirmative vote of the members of of organization or the operating agreement of the liable.	egistere ility co the lim mited l	ed office a mpany, it ited liabiliability co	nd the business office of the registered is hereby confirmed that the change(s' ity company or as otherwise provided
17	Talla / avaraz f a member or authorized representative of a member	F311		Printed or typed name of signee

to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

atrella Tavarez Estrella Tavarez, Special Secretary Signature of Registered Agony