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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (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.\*\*

## LLC REGISTERED AGENT CHANGE WEST MEADOW GROUP LLC

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SEP 1 1 2024

## 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: WEST MEADO	W GROU	P LLC	
2. (a)	410 SOUTH BEACH ROAD, HOBE SOUND, FL 33455		410 SOU	TH BEACH RD, HOBE SOUND, FL 33455
<b>2.</b> (2)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	<u> </u>	· ,	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	04/19/2023	<del></del>	L23000193	5437
3.	Date of filing/registration in Florida	<b>-</b> ₄.		Document number
	UNITED CORPORATE SERVICES, INC			
5. (a)	Registered Agent and Registered Office shown on the records of	The Florid	a Dept. of Sta	2024 SEP 10
	Registered Office Address (MUST BE FLORIDA STREET) 3458 LAKESHORE DRIVE	ADDRES	Zi	P 10
	TALLAHASSEE	32312		J. H. 4: 29
	C T Corporation System			1. 29 1. 29
	Enter name of NEW Registered Agent and/or NEW Registered			
	NEW Registered Office Address:		<del></del>	_
	1200 South Pine Island Road			_
	Plantation, F[	33324		_
the cha agent v was/wa	imited liability company is not organized under the la inge or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited li- ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	f the regi iability c of the lire limited	stered offic ompany, it nited liabili	te and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in
Signa	ture of a member or authorized representative of a member			Printed or typed name of signed
provisi the obl to merc	by accept the appointment as registered agent and agins of all statutes relative to the proper and complete igations of my position as registered agent as provide ly reflect a change in the registered office address. I d in writing of this change.  CT Corporation System	t perforn ed for in	ance of my Chapter 60	duties, and Lam familiar with and accept 5. F.S. Or, if this document is being filed
<u> </u>	re of Registered Agent			