L33000 203454

(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:					
J. HORNE SEP 16 2025					
SEP 1 6 2025					
- בטצו					

Office Use Only



400453307494

2025 ST 15 ATTH-01

2025 SEP 15 PH 2: 1

CT CORP

(850) 656-4724 3458 lakesore Drive Tallahassee, FL 32312

09/15/2025

Date:

and DW Acc#I20160000072 ADJ Grande Champion, LLC Name: Document #: Order #: 16533404 Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of Country of Destination: Apostille/Notarial Certification: Number of Certs: Filing: 🗸 Certified: **Email Address for Annual Report Notifications:** Plain: COGS: Availability _____ 55.00 Amount: \$ Document ____ Examiner _____ Updater _____ Verifier _____ W.P. Verifier _____ Ref# __

Thank you!

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. Na	me of the limited liability company:		444 SEABREEZE BLVD	
2. (a)	444 SEABREEZE BLVD	_ (b	(b)	_
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability comp (Note: MAY BE POST OFFICE BO	
	STE 805		STE 805	
	DAYTONA BEACH, FL 32118	_	DAYTONA BEACH, FL 32118	
	04/24/2023 .		1.23000203454	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	Seabreeze Corporate Services, LLC			
). (a)	Registered Agent and Registered Office shown on the records of the	ne Florida	da Dept. of State:	
	444 Seabreeze Blvd		20:	
	Registered Office Address MUST BE FLORIDA STREET A	DDRESS	2025 SE	
	Ste 805 .			-
	Daytona Beach .FL	32118	(.	
	O.T. Commission Supram			Ċī
(b)	C T Corporation System			
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> (Office ad	address: R	
	NEW Registered Office Address:			
	1200 South Pine Island Road			
	Plantation .FL	33324	_	
the cha agent v was/wo the arti	imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the regi bility confither the lindiged	gistered office and the business office of the r company, it is hereby confirmed that the char imited liability company or as otherwise prov	nge(s)
Siana	ne Welson ture of a member or authorized representative of a member	3157	Printed or typed name of signee	
I here provisi the obi to mer	by 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 provided ely reflect a change in the registered office address. It dim writing of this change. C. T. Corporation System SEAN L. EMERICK, ASSISTANT SECRETARY	ee to ac perforn I for in iereby c	act in this capacity. I further agree to comply mance of my duties, and I am familiar with a 1 Chapter 605, F.S. Or, if this document is be confirm that the limited liability company ha	with the nd accep eing filed is been

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

Signature of Registered Agent