

Florida Department of State
Division of Corporations
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L23000340600

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Email Address: nanri@crockettfoundation.org

LLC REGISTERED AGENT CHANGE
690 SHORES, 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.

1. Name of the limited liability company: 690 SHORES, LLC

2. (a) 3129 N 82ND TERRACE (b) 3129 N 82ND TERRACE
Principal office address of limited liability company Mailing address of limited liability company
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

PEMBROKE PINES, FLORIDA 33024

PEMBROKE PINES, FLORIDA 33024

7/18/2023

L23000340600

3. Date of filing/registration in Florida 4. Document number

5. (a) HENRI CROCKETT
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

690 SW 168TH TERRACE

PEMBROKE PINES, FL 33027

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

3129 NW 82nd Terrace

NEW Registered Office Address:

PEMBROKE PINES, FL 33024

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]

HENRI CROCKETT

Signature of a member or authorized representative of a member

Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed 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.

[Signature]

Signature of Registered Agent

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CLERK OF THE COURT
JUDICIAL CIRCUIT IN AND FOR
DADE COUNTY, FLORIDA