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(Requesto	r's Name)			
(Address)				
(Address)				
(City/State	/Zip/Phone #)			
PICK-UP	WAIT MAIL			
(Business	Entity Name)			
(Document Number)				
Certified Copies C	Certificates of Status			
Special Instructions to Filing C	Officer:			
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024 APR -4 AM 9: 07 SECOLLY OF SECTATE ALLADASSEE, FOR SOIL

COVER LETTER

TO: Registration Section Division of Corporations		•				
230 Industrial Drive, LLC SUBJECT:						
	Name of Limited Liability Company					
Dear Sir or Madam:						
The enclosed Registered Agent/Registered	Office Change and	I fee(s) are submitted for filing.				
Please return all correspondence concernin	ng this matter to the	following:				
Kylie Conrad & Kayla King						
Name of Person		_				
Corp1. Inc.						
Firm/Company	-	_				
7700 E Arapahoe Rd Ste 220						
Address	<u>-</u>					
Centennial, CO 80112						
City/State and Zip Co	ode	<u> </u>				
E-mail address: (to be used for future	annual report notil	fication)				
For further information concerning this ma	itter, please call:					
Kylie Conrad	720 at (823-9273				
Name of Person	\	Area Code & Daytime Telephone Number				
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
Enclosed is a check for the follow	wing amount:					
■ \$25 Filing Fee	<u> </u>	355 Filing Fee & Certified Copy				
INHS18 (2/14)						

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	me of the limited liability company:	ve, LLC					_	
2. (a)	1200 THATCH PALM DRIVE	-	—- Ы) 1200 Т	HATCH PALM D	RIVE			
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	`	Mailing address of limited liability company: (Note: MAY BE, POST OFFICE BOX)					
	BOCA RATON, FL 33432	_	BOCA	RATON, FL 3343	2			
	09/25/2023		1,230004-	43335			_	
3. 5. (a)	Date of filing/registration in Florida CORPORATION SERVICE COMPANY	4.		Document nu	mber		_	
J. (u)	Registered Agent and Registered Office shown on the records of 1201 HAYS STREET	the Floric	a Dept. of S	late:	2024 A SECTIFALLY			
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			_ _	記 20 20 10 10 10 10 10 10 10 10 10 10 10 10 10	2024 APR -4		
	TALLAHASSEE , FL	32301-1	2525	_		A	M	
(b)	Registered Agents Inc				AH 9: 07			
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :							
	7901 4th St N							
	NEW Registered Office Address: Ste 300			_				
	St. Petersburg , FL	33702						
change agent v was/we	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia- are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	register bility e of the lir	ed office : ompany, i nited liabi	and the business t is hereby confit lity company or	office of the of the of the office of the of	he regis he char	stered age(s)	
	RRY SPILKA	BA	RRY SPIL					
I herel provisi the obl to merc notified	ture of a member or authorized representative of a member by accept the appointment as registered agent and aground of all statutes relative to the proper and complete its attacks of my position as registered agent as provided by reflect a change in the registered office address, I I in writing of this change.	ee to ac perforn I for in iereby c	t in this co ance of m Chapter 6 onfirm the	Printed or typed apacity. I further by duties, and I a 105, F.S. Or, if th at the limited liab	r avree to c	comply	with the ad accept ing filed s been	
	VID ROBERTS re of Registered Agent							