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UZ4DEC-4 PH 5: 04 SEGRETARY OF STATE TALLAHASSEE, FI

COVER LETTER

	Registration Section Division of Corporations								
SUBJEC	MEYERS GROUP ALICO, LLC								
30 27772	1	Name of Limited Liability Company							
Dear Sir	or Madam:								
The enclo	osed Registered Agent/Registered (Office Change and	d fee(s) are submitted for filing.						
Please re	turn all correspondence concerning	; this matter to the	: following:						
Tyrell Fra									
-	Name of Person		_						
Meyers G	roup								
	Firm/Company								
2999 NE	191st Street, Suite 510								
	Address								
Aventura.	FL 33180								
	City/State and Zip Cod	e							
tyrell.fran	icis@meyersgroup.net								
E-n	nail address: (to be used for future	annual report noti	ification)						
For further	er information concerning this mat	ter, please call:							
Tyrell Fra	nneis	786 at (493-5017						
	Name of Person		Area Code & Daytime Telephone Number						
F 13 F	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Callahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303						
E	Enclosed is a check for the follow	ing amount:							
5	\$25 Filing Fee	- :	\$55 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.

Astolfo Losada NEW Registered Office Address: FL. If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that at change or changes are made, the Florida street address of the registered office and the business office of the register agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provide the articles of organization or the operating agreement of the limited liability company. Astolfo Losada	1. Na	ame of the limited liability company: MEYERS GROU	P ALIC	O,	LLC		
2999 NE 191st Street, Suite 510 Aventura, FL 33180 12/04/2023 1.23000537846 3. Date of filing/registration in Florida Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Ezra Rubin Registered Office Address 2999 NE 191st Street, Suite 510 Aventura Registered Office Address Aventura FL 33180 (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: FL	2. (a)		((b)			
Aventura, FL 33180 12/04/2023 L23000537846 3. Date of filing/registration in Florida 4. Document number 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Ezra Rubin Registered Office Address 2999 NE 191st Street, Suite 510 Aventura FL 33180 FL 33180 FL 33	, ,			`	Mail	ling address of limited liability of	company;
12/04/2023 1.23000537846 3. Date of filing/registration in Florida 4. Document number 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Ezra Rubin Registered Office Address 2999 NE 191st Street, Suite 510 Aventura FL Astolfo Losada NEW Registered Agent and/or NEW Registered Office address: FL If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that at change or changes are made, the Florida street address of the registered office and the business office of the register agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change was/were althorized by an affirmative vote of the members of the limited liability company or as otherwise provide the article of organization or the operating agreement of the limited liability company. Astolfo Losada		2999 NE 191st Street, Suite 510			2999 NE 191s	st Street, Suite 510	
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Signature of a member or authorized representative of a member Printed or typed name of signee	Signat	ture of a member or authorized representative of a member		-	Pri	inted or typed name of signee	
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and the obligations of nepposition as registered agent as provided for in Chapter 605, F.S. Or, if this document is being to merely effect a change in the registered office address. I hereby confirm that the limited liability company has be notified in terting of this change. Signature of Registered Agent	provisi the obl- to merc notified	ons of all statutes relative to the proper and complete igations of my position as registered agent as provided elverting a change in the registered office address. I have time of this change.	ee to ac perforn I for in aereby c	t ir 1an Ch :on	t this capacit ce of my duti apter 605, F, firm that the	y. I further agree to comp les, and I am familiar with S. Or, if this document is limited liability company h	ly with the and accept being filed has been