## L23000550536

(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
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(Document Number)					
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2021 JUH 18 AH 11: 18

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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.

Name of the limited liability company:  BELCO WEST, LLC					
2. (a)			(b)	)	
(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	\	(-)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	221 ROYAL POINCIANA WAY STE 1			221 ROYAL POINCIANA WAY STE 1	
	PALM BEACH, FL 33480		,	PALM BEACH, FL 33480	
	12/14/2023		ŧ	L23000550536	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)					
. ()	Registered Agent and Registered Office shown on the records	s of the Florid	da l	Dept. of State:	
	THE LAW OFFICS OF PAUL A. KRASKER, P.A.				
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				
	1615 FORUM PLACE 5TH FLR				
	W PALM BEACH	FL <sup>33401</sup>		2021, JUH 10 MM 9: 55	
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:					
	Enter name of NEW Registered Agent and/or NEW Registered Office address:				
	Corporation Service Company				
	NEW Registered Office Address:				
	1201 Hays Street				
	Tallahassee	FL 32301			
change agent v was/we	imited liability company is not organized under the or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the member cles-of organization or the operating agreement of the control of the member of the operating agreement of the control of the operating agreement of the operati	the register Hiability cors of the lin	red om nit	mpany, it is hereby confirmed that the change(s) ited liability company or as otherwise provided in	
Signature of a member or authorized representative of a member  JILL CILMI, AUTHORIZED PERSON  Printed or typed name of signee					
Signa	ture of a member or authorized representative of a member			Printed or typed name of signee	
provisi the obl to mere	by accept the appointment as registered agent and a ons of all statutes relative to the proper and comple igations of my position as registered agent as proviety reflect a change in the registered office address, I in writing of this change.	igree to act te perform ded for in ( I hereby c	n ir nan Ch ron,	in this capacity. I further agree to comply with the nce of my duties, and I am familiar with and accept hapter 605, F.S. Or, if this document is being filed nfirm that the limited liability company has been	
Signatu	Maze CKuby re of Registered Agent	GRACE	Ε.	. KIRBY, ASST. VICE PRESIDENT	