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| (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. | | | | | | | |
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Office Use Only



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COVER LETTER

| | istration Section ision of Corporations | | | | | |
|-------------------|---|---------------------|--|--|--|--|
| SUBJECT: | MEYERS MASTER ATRIUM C | OFFICE, LLC | | | | |
| golade i. | Name of Limited Liability Company | | | | | |
| Dear Sir or I | Madam: | | | | | |
| The enclosed | d Registered Agent/Registered | Office Change and | fee(s) are submitted for filing. | | | |
| Please return | n all correspondence concerning | this matter to the | following: | | | |
| Tyrell Franci | s | | | | | |
| | Name of Person | | _ | | | |
| Meyers Grou | P | | | | | |
| | Firm/Company | | | | | |
| 2999 NE 191 | st Street, Suite 510 | | | | | |
| | Address | | | | | |
| Aventura, FL | . 33180 | | | | | |
| | City/State and Zip Cod | e | _ | | | |
| tyrell.francis(| @meyersgroup.net | | | | | |
| E-mail | address: (to be used for future | annual report notif | ication) | | | |
| For further i | nformation concerning this mat | ter, please call: | | | | |
| Tyrell Franci | S | 786 at (| 493-5017 | | | |
| | Name of Person | (| Area Code & Daytime Telephone Number | | | |
| Reg Div P.O | iling Address: istration Section ision of Corporations . Box 6327 ahassee, FL 32314 | | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 | | | |
| Enc | losed is a check for the follow | ing amount: | | | | |
| = \$ | 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.

| 1. 8 | Same of the limited liability company: MEYERS MAS' | TER AT | RI | UM OFFICE, LLC | | |
|---|---|--|-------------------------|---|--|--|
| 2. (a) | | | (b |) | | |
| | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | | Mailing addres | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | |
| | 2999 NE 191st Street, Suite 510 | | | 2999 NE 191st Street, S | Suite 510 | |
| | Aventura, FL 33180 | <u>.</u> | | Aventura, FL 33180 | | |
| | 12/18/2023 | | | L23000555630 | | |
| 3. | Date of filing/registration in Florida | 4. | - | Document | number | |
| 5. (a |) | | | | | |
| · | Registered Agent and Registered Office shown on the records of Ezra Rubin | the Flor | ida | Dept. of State: | | |
| | Registered Office Address (MUST BE FLORIDA STREET | ADDRE | :55 | <u> </u> | | |
| | 2999 NE 191st Street, Suite 510 | | | | FILE 2024 DEC -4 SECRETARY TAILLAHA | |
| | Aventura, F | 33180 L |) | | | |
| .1 | | | | | AHASS AHAS AHASS AHAS AHASS AHASS AHASS AHASS AHASS AHASS AHASS AHASS AHAS AHASS AHASS AHASS AHASS AHASS AHASS AHASS AHASS AHASS AHASS AHAS AHASS AHASS AHASS AHASS AHASS AHASS AHASS AHASS AHASS AHASS AHAS AHASS AHASS AHASS AHASS AHASS AHASS AHAS AN AHAS AHAS | |
| (b) | Enter name of NEW Registered Agent and/or NEW Registered Office address: | | | | 新元 エ 一) | |
| | | | | | . ' <u>o</u> | |
| | Astolfo Losada | | | | 53 FL | |
| | NEW Registered Office Address: | | | | | |
| | | | | | | |
| | | _ | | | | |
| | Fl | L | | | | |
| chang agent was/v | limited liability company is not organized under the lage or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the | e registo iability of the l e limited | ere co im d li | d office and the busine mpany, it is hereby cor ited liability company ability company. | ss office of the registered infirmed that the change(s) | |
| Sien | nature of a member or authorized representative of a member | | .510 | Ifo Losada Printed or tv | ped name of signee | |
| l her provi. the ol to me notific | eby accept the appointment as registered agent and ag sions of all statutes relative to the proper and complete bligations of my position as registered agent as provide relatively to change in the registered office address, I eddin writing of this change. | ree to a e perfor ed for in hereby | ict ma i C | in this capacity. I furt | her agree to comply with the | |
| Pigua | ture of Registered Agent | | | | | |