12/10/24, 9:57 AM

Division of Corporations



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## LLC REGISTERED AGENT CHANGE CONSUMER STREET, 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.

I. Na	ame of the limited liability company: CONSUMER ST	TREET, LLO			
2. (a)	15983 N SOTH STREET	(b)	(b) 15983 N 80TH STREET		
2. (4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)		
	SCOTTSDALE, AZ 85260	<del></del>	SCOTTSDALE, AZ 85260		
	12/19/2023		.23000557325		
3.	Date of filing/registration in Florida		Docume	ent number	
5. (a)	JACQUELINE E. CANNAVAN, PA				
(b) _	Registered Agent and Registered Office shown on the records of 2699 STIRLING RD	f the Florida I	Dept. of State:	•}	
	Registered Office Address (MUST BE FLORIDA STREET SUITE C 303	ADDRESS)		;	
	FT. LAUDERDALE , FI	33312 L		ا د	
	C T Corporation System			; ;	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	l Office addi	reas:	. 3	
	NEW Registered Office Address:				
	1200 South Pine Island Road				
	Plantation, FI	33324			
the cha agent v was/wo	imited liability company is not organized under the la inge or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited li- ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	f the regist iability cor of the limit c limited lia	ered office and the apany, it is hereby ed liability compar	business office of the registered confirmed that the change(s)	
Signa	ture of a member or authorized representative of a member	-	<u>.</u>	r typed name of signee	
provisi the obl to mere notified By:	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change.  CT Corporation System  The of Registered Agent	e performa ed for in Ci hereby coi	n this capacity. If nce of my duties, an napter 605, F.S. O. nfirm that the limite sistant Secretary	urther agree to comply with the old I am familiar with and accept r, if this document is being filed ed liability company has been	