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COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJE	F7EA LLC		
		Name of Limited	Liability Company
Dear Si	r or Madam:		
The end	closed Registered Agent/Registered	Office Change at	nd fee(s) are submitted for filing.
Please r	return all correspondence concernin	g this matter to th	e following:
ANA G	AZARIAN		
	Name of Person		
F7EA L	LC		
	Firm/Company		
175 SW	7TH ST STE 1718		
	Address		
MIAMI	I, FL 33130		
	City/State and Zip Co	de	
ana.gaza	nrian@ems-ir.com		
E-	-mail address: (to be used for future	annual report no	tification)
For furt	her information concerning this ma	tter, please call:	
ANA G	AZARIAN	786 at (4439007
<u></u>	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	ving 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.

(a)		(b) _	
(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)
	175 SW 7TH ST STE 1718 MIAMI, FL 33130	l	75 SW 7TH ST STE 1718 MIAMI, FL 33130
	02/16/2024	L2	24000084696
	Date of filing/registration in Florida	4.	Document number
(a)			
` ,	Registered Agent and Registered Office shown on the records ANA GAZARIAN	of the Florida D	ept. of State:
	Registered Office Address (MUST BE FLORIDA STREET	ET ADDRESS)	
	800 BRICKELL AVE STE 1105		
	MIAMI	33131	
	MIAMI ,	rL	
/· ·			三
(1)			
(b)	Enter name of NEW Registered Agent and/or NEW Register	red Office addre	
(b)	Enter name of NEW Registered Agent and/or NEW Register	red Office addre	1523 P
(b)		red Office addre	CS 23 PH 4
(b)	NEW Registered Office Address:	red Office addro	CG 23 PH 4: 31
(b)		red Office addre	11 E D 15 23 PH 4: 31
(b)	NEW Registered Office Address: 175 SW 7TH ST STE 1718		CG 23 PM U. 31
(b)	NEW Registered Office Address: 175 SW 7TH ST STE 1718	red Office addre	US 23 PM U: 31
the languagent	NEW Registered Office Address: 175 SW 7TH ST STE 1718	FL 33130 laws of the St the registered liability comprise of the limite	ate of Florida, it is hereby confirmed that after the office and the business office of the registered pany, it is hereby confirmed that the change(s) and liability company or as otherwise provided in oility company.
the hange	NEW Registered Office Address: 175 SW 7TH ST STE 1718 MIAMI imited liability company is not organized under the corchanges are made, the Florida street address of will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the member icles of organization or the operating agreement of the Manual Manual	FL 33130 laws of the St the registered liability comprise of the limite	ate of Florida, it is hereby confirmed that after the office and the business office of the registered pany, it is hereby confirmed that the change(s) and liability company or as otherwise provided in bility company. Ana Gazarian
the anggent as/w Signa heree object of mer	NEW Registered Office Address: 175 SW 7TH ST STE 1718 MIAMI imited liability company is not organized under the corchanges are made, the Florida street address of will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the member	FL 33130 laws of the St the registered liability comprise of the limited liability depends of the limited liability depends on the liability depends	ate of Florida, it is hereby confirmed that after the office and the business office of the registered pany, it is hereby confirmed that the change(s) and liability company or as otherwise provided in oility company. Ana Gazarian Printed or typed name of signce at this capacity. I further agree to comply with the ce of my duties, and I am familiar with and access.

FILING FEE: \$25.00

INHS18 (2/14)