125000009046

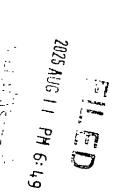
(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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Office Use Only



900453908479

S. CHATHAM





To: Department Of State, Division Of Corporations From: Amanda Miller - Amanda.Miller@cscglobal.com

Ext: x62969 Date: 08/11/25 Order #: 4288018-3

Re: FP 6 SHORE ACRES LLC Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Change of Registered Agent and Office

Check in the amount of: \$25.00 - FL State Account Number: I20000000195

Please take the following action:

File on a routine basis Issue proof of filing Return evidence to the following: ATTN: Amanda Miller c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

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.

L. Na	ame of the limited liability company: FP 6 SHORE A	ACRES LLC			
2. (a)	2363 GULF TO BAY BLVD	(b) 23	(b) 2363 GULF TO BAY BLVD		
2 . ()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(")	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) CLEARWATER, FL 33765		
	CLEARWATER, FL 33765				
	01/04/2025	L25	5000009046		
3.	Date of filing/registration in Florida	4.	Document number		
5. (a)	NORTHCREST CAPITAL LLC				
J. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:				
	Registered Office Address				
	CLEARWATER F	L 33765	2025 AUG 1 1		
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> : Corporation Service Company		W6 11 PH 6:49		
	NEW Registered Office Address:				
	1201 Hays Street				
	TallahasseeF	L_32301			
change agent was/w	limited liability company is not organized under the la c or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited le ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	e registered o iability compa of the limited	office and the business office of the registered any, it is hereby confirmed that the change(s) I liability company or as otherwise provided in		
/S/ /	Andrew Park	Andrew	/ Park, Authorized Person		
Signature of a member or authorized representative of a member			Printed or typed name of signee		
I here provis the ob- to mer notifie	by accept the appointment as registered agent and ag ions 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.	ree to act in t e performance ed for in Chaj hereby confi	this capacity. I further agree to comply with the e of my duties, and I am familiar with and accept pter 605, F.S. Or, if this document is being filed rm that the limited liability company has been		
	irace E. Kirby				
Signati	ire of Registered Agent				

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

INHS18 (2/14)