MCC000001265

(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:				
MAY 1 2 2023				

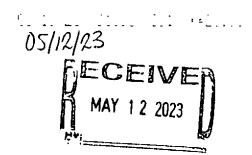
Office Use Only

J DENNIS

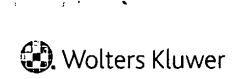
JUL 2 0 2023



300408461953



PROT MAY 12 AM II: 22



CT Corporation 28 Liberty St. New York, NY 10005

Phone (212) 894 8940 www.ct.wolterskluwer.com www.wolterskluwer.com

May 11, 2023

Department of State - Division of Corporations Amendment Section The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

RE: COLONNADE PROPERTY MANAGEMENT LLC

Dear Sir or Madam,

Corpdirect Agents, Inc. provides the agent for service of process in Florida for the above-named company. Please be advised that the agent for service of process has been changed to: C T Corporation System.

Enclosed please find an executed Statement of Change Form and Cover Letter, which will serve to change the agent to: C T Corporation System, 1200 Pine South Island Road, Plantation, FL 33324. Also enclosed is our check for \$25.00 to cover the filing fee.

Please advise us once the agent change has been noted and issue whatever evidence of filing that may be usual. Also, enclosed is a self-addressed envelope for your convenience in replying or you can email me at my email address below.

Thank you,

C T Corporation System

Marie Hauer Agent Services Division

marie.hauer@wolterskluwer.com

Encl.

COVER LETTER

TO: Registration Section Division of Corporations COLONNADE PROPERTY MANAGEMENT LLC Name of Limited Liability Company Dear Sir or Madam: The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Marie Hauer Name of Person C T Corporation System Firm/Company 28 Liberty St. Address New York, NY 10005 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Name of Person Area Code & Daytime Telephone Number STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 Enclosed is a check for the following amount: 2 \$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.

	ne of the limited liability company:				
. (a) ₋	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)	(b)		
	1400 Centrepark Blvd. Ste 810		West Palm Beach, Fl 33401		
	West Palm Beach, Fl 33401	<u> </u>	West Palm Beach, P133401		
	06/28/2000	М	(00000001268		
3. 5. (a)	Date of filing/registration in Florida CORPDIRECT AGENTS, INC	4.	Document number		
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:				
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS)			
(b)	Miami , 1	FL			
	C T Corporation System		2023 MAY 12		
	Enter name of NEW Registered Agent and/or NEW Register	red Office addre	:		
	NEW Registered Office Address:		4H II: 22		
	1200 South Pine Island Road		22		
	Plantation	FL			
If the	limited liability company is not organized under the sange or changes are made, the Florida street address	laws of the S	many it is hereby confirmed that the change(s		
agent was/v the ar	will be identical. Or, in the case of a Fforda timited were authorized by an affirmative vote of the member ticles of organization or the operating agreement of a member or authorized representative of a member reby accept the appointment as registered agent and sions of all statutes relative to the proper and completing to the proper and completing accept a change in the registered office address of this change.	the limited lia	Printed or typed name of signee		

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