MD6 00000 2110

(Requestor's Name)				
(Address)				
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(Cib./Chata/Zia/Dhana 4)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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08.412/24--01019--020 **25.00

2024 JUH 12 AH 10: 47 SECRETARY OF STATE

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	me of the limited liability company: 1621 RINEHAF	T LLC	
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 1615 California Street, Suite 707	(h)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Denver, CO 80202		
	04/13/2006	M0600	DO002110
۵. 3. (a)	Date of filing/registration in Florida James J. Hoctor	4.	Document number
(b)	Registered Agent and Registered Office shown on the records of Lowndes		
	Registered Office Address	<u>T (DDRESS)</u>	TAL U
	Orlando I	71. ³²⁸⁰¹	727
	Jeffrey S. Weiss, Esq Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u> Garganese, Weiss, D'Agresta, & Salzman P.A.	rd Office address:	TALLAPISSES FL
	NEW Registered Office Address. 111 N. Orange Avenue, Suite 2000		
	Orlando	FL	
change agent was/w the art Signa I here provise the ob-	simited liability company is not organized under the cor changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the membericles of organization or the operating agreement of the member of authorized representative of a member by accept the appointment as registered agent and a ligations of all statutes relative to the proper and completingations of my position as registered agent as provingly reflect a change in the registered office address, a minimum of this change.	liability compans of the limited libility Panayes J. Parayes J. Parayes J.	y, it is hereby confirmed that the change(s) iability company or as otherwise provided in sy company. Dikeou, Manager Primed or typed name of signee is capacity. I further agree to comply with the of my duties, and I am familiar with and accept to I F. S. Or if this absument is being filed

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

INHS18 (2/14)

COVER LETTER

Enclosed is a check for the following amount ■ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy
Enclosed is a check for the following amoun	ı †•
Tallallassee, FL 32314	Tallahassee, FL 32303
P.O. Box 6327 Tallahassee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
Division of Corporations	Division of Corporations
Registration Section	Registration Section
Mailing Address:	Street Address:
Name of Person	Area Code & Daytime Telephone Number
at (_)
	303 825-9192
For further information concerning this matter, please of	
E-mail address: (to be used for future annual repo	
mschooner@dikeou.com	<u> </u>
City/State and Zip Code	
Denver, CO 80202	
Address	
1615 California Street, Suite 707	2021 JUN 12 SECRETARY TALLARY
Firm/Company	20
1621 RINEHART LLC	
Name of Person	
Panayes J. Dikeou	
Please return all correspondence concerning this matte	er to the following:
The enclosed Registered Agent/Registered Office Cha	ange and fee(s) are submitted for filing.
Dear Sir or Madam:	
Name of Li	imited Liability Company
SUBJECT: 1621 RINEHART LLC	
Division of Corporations	
TO: Registration Section Division of Corporations	