# M14000001715

(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:

Office Use Only

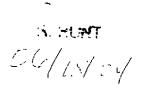


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### Sunshine State Corporate Compliance Company

### 3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 06/18/2024	-			⇔WALK IN⇔
ENTITY NAME Curry F	ord Road Acquisition, LLC			
				<del></del>
DOCUMENT NUMBER_				
	**PLEASE FILE THE ATTA	CHED AND RETURN	**	•
xxxxxxxxx	Plain Copy			
	Certified Copy			
<del></del>	Certificate of Status			
	PLEASE OBTAIN THE FOLLOWING  Certified Copy of Arts & Amen  Certificate of Good Standing			
	**APOSTILLE' / NOTARI	AL CERTIFICATION	/**	
COUNTRY OF DESTINA NUMBER OF CERTIFICA				-
TOTAL OWED \$25		ACCOUNT #: I		
Please call Tina at t	he above number for any iss			ruch!

#### **COVER LETTER**

то:	Registration Section Division of Corporations			
SHRI	ECT: Curry Ford Road Acquis	sition, LLC		
3019			ability Company	
Dear S	Sir or Madam:			
The er	nclosed Registered Agent/Registered Off	fice Change and	fee(s) are submitted for filing.	
Please	e return all correspondence concerning th	nis matter to the	following:	
Mar	y Neuburger			
	Name of Person			
Sing	gleFile Technologies			;
	Firm/Company			
113	Cherry St., PMB 70875			
	Address		:	
Sea	ittle, WA 98104-2205		· •	• •
	City/State and Zip Code		• •	
sup	port@singlefile.io			
	E-mail address: (to be used for future and	nual report notif	īcation)	
For fi	urther information concerning this matter	, please call:		
Mar	y Neuburger	at (800	391-9869	
	Name of Person		Area Code & Daytime Telephone Number	
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Re Div P.C	gistration Section vision of Corporations D. Box 6327 llahassee, Florida 32314	
	Enclosed is a check for the following	g amount:		
	□ \$25 Filing Fee	CJ \$5	55 Filing Fee & Certified Copy	

## 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)		( h	)		
( )	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Λ	failing address of limited  (Note: MAY BE POST	
	Eight Tower Bridge, 161 Washington Street, Seventh Floor		Eight Tower	Bridge, 161 Washington	Street, Seventh Floor
	Conshohocken, PA 19428	<del>-</del>	Conshoh	ocken, PA 19428	
	03/13/2014		M1400	0001715	
	Date of filing/registration in Florida	4.		Document number	
. (a)					
, ,	Registered Agent and Registered Office shown on the records of the	: Florida	Dept. of State	:	
	CORPORATION SERVICE COMPANY				
	Registered Office Address (MUST BE FLORIDA STREET AL	DDRESS	<u>u</u>		
	1201 HAYS STREET				
	TALLAHASSEE , FL 3	32301			
	, 1 0		<del></del>		
(b)	Enter name of NEW Registered Agent and/or NEW Registered O				
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered O</u>	ffice ad	<u>dress</u> :		<u> </u>
	Registered Agents Inc.				
	NEW Registered Office Address:			,	
	7901 4th St N Ste 300				
	St. Petersburg	3370	2		
			State of Flo	rida, it is hereby con	firmed that after

Signature of Registered Agent