M1500009437

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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

	ACCOUNT NO.	:	120000000195		
	REFERENCE	:			
	AUTHORIZATION	:	Aniséle ma	~	
	COST LIMIT	:	\$ 25.00		
ORDER DATE :	July 26, 2024				
ORDER TIME :	3:44 PM				
ORDER NO. :	564469-012				200 200 200
CUSTOMER NO:	8455759			2. 1	<u>, 2</u>
	<u>CHANGE OF A</u>		<u> </u>	AV/ UF STATE	7 AH 9: 53
NAME :	COMMUNITY ENT	ERPF	RISES, LLC		

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPYXXPLAIN STAMPED COPY

CONTACT PERSON: Amanda Miller

EXAMINER'S INITIALS:

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.

. Nan	ne of the limited liability company:	NIER	אי 	ISES, LLC
(a) _	Principal office address of limited liability company:		(b))
	Principal office address of limited liability company: (<u>Note: MUST BE STREET ADDRESS</u>)		<- <i>y</i>	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
-	101 Woodcrest Drive			101 Woodcrest Drive
	RIFTON, NY 12471			RIFTON, NY 12471
	11/20/2015		I	M15000009437
_	Date of filing/registration in Florida	4.		Document number
(a)				
R	Registered Agent and Registered Office shown on the records of	the Floric	da I	Dept. of State:
	UNITED CORPORATE SERVICES, INC.			
ł	Registered Office Address (MUST BE FLORIDA STREET.	ADDRES	<u>(S)</u>	
	3458 LAKESHORE DRIVE			1
	TALLAHASSEE, FL	32312	,	<u> </u>
-	, FL	·		
b)				HAR 5
· -	inter name of NEW Registered Agent and/or NEW Registered	Office a	ddr	AHASSEE
				SEE.F
(Corporation Service Company			
<u>N</u>	NEW Registered Office Address:			
_	1201 Hays Street			
~	Tallahassee, FL	32301		
nge oi nt wil /were	nited liability company is not organized under the law r changes are made, the Florida street address of the ll be identical. Or, in the case of a Florida limited lia e authorized by an affirmative vote of the members o es of organization or the operating agreement of the	rs of the register bility co f the lin	ed om nite	office and the business office of the registered pany, it is hereby confirmed that the change(s) ed liability company or as otherwise provided i
	arianne Wright			nne Wright, Authorized Person
gnature	e of a member or authorized representative of a member			Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of mv duties, and I am familiar with and accept the obligations of mv position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

Droze C-Kuby GRACE E. KIRBY, ASST. VICE PRESIDENT

Signature of Registered Agent

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

CSC 564469