(Requestor's Name)													
(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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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

. . . .

Phone: 850-558-1500

ACCOUNT NO. : 12000000195							
REFERENCE : 079993 7930704							
AUTHORIZATION Spelle Rena							
COST LIMIT : \$25.00							
ORDER DATE : October 5, 2021							
ORDER TIME : 2:24 PM							
ORDER NO. : 079993-050							
CUSTOMER NO: 7930704							
CHANGE OF AGENT							
NAME: SW 1ST FL PARTNERS, LLC							
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:							
CERTIFIED COPY XX PLAIN STAMPED COPY							
CONTACT PERSON: Eyliena Baker							
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.

1.	Na	ime of the limited liability company:	RTNER	S, LLC 		
2.	(a)		(b)		
		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ `	-,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BON)	
		591 West Putnam Ave				
		Greenwich, CT 06830				
		01/12/2016		M1600000	00315	
3.		Date of filing/registration in Florida	4.		Document number	
5.	(a)					
	()	Registered Agent and Registered Office shown on the records of the Florida Dept. of State: C T CORPORATION SYSTEM				
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			_	
		1200 SOUTH PINE ISLAND ROAD				
		PLANTATION, FL	33324		- 80 T	
					RLARY OF	
	(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office a	ddress:	T-7 AM 9: 19 LAPPASSEE, FL	
					Ser E	
		Corporation Service Company			15 -	
		NEW Registered Office Address:				
		1201 Hays Street			_	
		Tallahassee	32301			
cha age wa:	inge ent w s/we	. Fl. mited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liagree authorized by an affirmative vote of the members of cles of organization or the operating agreement of the law.	register bility c f the lir limited	red office ar ompany, it i nited liabili liability cor	nd the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in upany.	
/s/ Steven DeFrancis Steven DeFra					ncis, Authorized Person Printed or typed name of signee	
I h pro the to i	erel ovisio obli nere vie	ov accept the appointment as registered agent and agrooms of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address, I have the control of this change. The of Registered Agent	ee to ac perform I for in ereby c	t in this cap ance of my Chapter 60, onfirm that	ageity. I further garee to comply with the	