(((H240003246113)))

Florida Department of State



H240003246113ABCX

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

| Email | Address: | |
|-------|----------|--|
| | | |

LLC REGISTERED AGENT CHANGE THE CONCOURSE GROUP, LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 01 |
| Estimated Charge | \$25.00 |

M. SOLOMON

SEP 2 5 2024

Electronic Filing Menu

Corporate Filing Menu

Help

To. 18506176383 Page: 2/2 Fex: 8134365206 9/24/2024 07:14:09 PDT

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

| 901 4th St N | (b) | (b) 7901 4th St N | | | |
|---|---|---|--|--|--|
| Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | | | |
| STE 300 | ST | E 300 | | | |
| St. Petersburg, FL 33702 | | St. Petersburg, FL 33702 | | | |
| | - | | | | |
| 1/10/2016 | | 6000009148 | | | |
| Date of filing/registration in Florida | 4. | Document number | | | |
| REGISTERED AGENTS INC. | | | | | |
| | | | | | |
| 901 4TH STREET NORTH | | | | | |
| Registered Office Address (MUST BE FLORIDA STREET | ADDRESS) | | | | |
| SUITE 300 | | 724 S | | | |
| ST.PETERSBURG . FI | 33702 | 2024 SEP 24 SECRETARA TALLARA | | | |
| orthwest Registered Agent LLC | | <u>ن</u> | | | |
| nter name of NEW Registered Agent and/or NEW Registered | l Office address | | | | |
| 7901 4th St N | | PM 4: 02 SEE, FL | | | |
| NEW Registered Office Address: | | | | | |
| STE 300 | | ···· | | | |
| St. Petersburg | 33702 | | | | |
| | Date of filing/registration in Florida EGISTERED AGENTS INC. Egistered Agent and Registered Office shown on the records of 901 4TH STREET NORTH Egistered Office Address (MUST BE FLORIDA STREET) SUITE 300 ST.PETERSBURG Florithwest Registered Agent LLC ater name of NEW Registered Agent and/or NEW Registered 901 4th St N EW Registered Office Address: STE 300 | STE 300 Sit Petersburg, FL 33702 Sit Petersburg, FL 33702 Sit Petersburg, FL 33702 M16 Date of filing/registration in Florida 4. EGISTERED AGENTS INC. Legistered Agent and Registered Office shown on the records of the Florida Dep 901 4TH STREET NORTH Legistered Office Address LITE 300 ST.PETERSBURG LITE 300 | | | |

| WW SWAW | Nat Smith |
|--|---------------------------------|
| Signature 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 my duties, and I am familiar with and accept the obligations of my 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.

- Assistant Secretary

Taylor Newman

Signature of Registered Agent