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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

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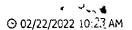
LLC REGISTERED AGENT CHANGE SEMREF WESTSHORE, LLC

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EB 73 2025 HelpH T. LEMIEUX



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	Name of the limited liability company: SEMREF WESTSHORE, LLC						
2	(a)	5700 GRIFFIN ROAD	(1	b)	5700	GRIFFIN ROAD		
 .	(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	- \	-,		failing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
		DAVIE, FL 33314			DAVIE, F	L 33314		
			_	•				
		08/17/2017	_		M17000	0007084		
3.		Date of filing/registration in Florida	4.		I	Document number		
5	(a)	C T CORPORATION SYSTEM						
7.	(4)	Registered Agent and Registered Office shown on the records of	he Florid	a E	Dept, of State:			
		1200 SOUTH PINE ISLAND ROAD						
		Registered Office Address	IDDRES.	<u>5)</u>				
	(b)	PLANTATION, FL Corporate Creations Network Inc. Enter name of NEW Registered Agent and/or NEW Registered				71LE 22 FEB 22		
		801 US Highway 1)		
		NEW Registered Office Address:				: See 39		
		North Palm Beach ,FL	33408	8				
eha age wa	inge ent v s/we	imited 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 lia- cre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	register bility co f the lin	ed on nit	l office and npany, it is ted liability	the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in		
/s/ Caitlin Lazarus					in Lazaru:	s, Attomey-in-Fact		
	-	ture of a member or authorized representative of a member				Printed or typed name of signee		
pro the to	ovisi obl meri	by accept the appointment as registered agent and agr ions of all statutes relative to the proper and complete igations of my position as registered agent as provided ly reflect a change in the registered office address, I l I in writing of this change.	ee to ac perform i for in (acreby c	t i lar Ch	n this capa nce of my d hapter 605, nfirm that th	city. I further agree to comply with the uties, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been		

Caitlin Lazarus, Special Secretary

/s/ Caitlin Lazarus

Signature of Registered Agent