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To:

Division of Corporations

Fax Number

Page: 2 of 3

: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 : (954)208-0845 Fax Number

**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 24 HOUR MIAMI GARDENS GP, LLC

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\$55.00

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HelpT. LEMIEUX JAN 10 2022

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. N:	ame of the limited liability company: 24 Hour Miami Ga	ardens Gp, LLC	
2. (a)	I Carmel Court	(b)	l Court
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Laguna Beach, CA 92651	Laguna E	Beach, CA 92651
	02/22/2018	M1800000	01864
3.	Date of filing/registration in Florida Corporation Service Company	4.	Document number
5. (a)	Registered Agent and Registered Office shown on the records of t	he Florida Dent, of St	
	registered agent and registered office shown on the record of t	ite t tomas trape. W	
	Registered Office Address (MUST BE FLORIDA STREET A	(DDRESS)	
		32301	_
(b)	C T Corporation System		
	Enter name of NEW Registered Agent and/or NEW Registered	Office address:	
			· :- 1
	NEW Registered Office Address:	-	-~1
	1200 South Pine Island Road		
	Plantation FL.	33324	
the chagent was/w the art	fimited liability company is not organized under the lay ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lie the authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the registered offi ability company, it of the limited liabil limited liability co	ice and the business office of the registered tis hereby confirmed that the change(s) lity company or as otherwise provided in outpany.
	ature of a member or authorized representative of a member		Printed or typed name of signee
provis the ob to men notifie By:	thy accept the appointment as registered agent and agreeions of all statutes relative to the proper and complete ligations of my position as registered agent as provided rely reflect a change in the registered affice address, I is dim writing of this change. CT Corporation System Agnes Jensen, Asst Secretary are of Registered Agent	performance of m d for in Chapter 6 hereby confirm the	ipacity. I further agree to comply with the y duties, and I am familiar with and accept 05, F.S. Or, if this document is being filed it the limited liability company has been