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LLC REGISTERED AGENT CHANGE DANAREN MELBOURNE, LLC

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To: A Page: 3 of 3 2023-05-19 13 25.48 CST 12122023573 From: David Thomas

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.

l. N	ame of the limited liability company: DANAREN MELF	3OUR	NE, LLC				
2. (a)	3905 West Eau Gallie Blvd Unit 114 Melbourne, FL 32934		3905 West Eau Gallic Blvd Unit 114				
2. (4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)					
			Melbourne	:. FL 32934			
	04/29/2019	_	M19000004	301			
3.	Date of filing/registration in Florida	4.		Document number			
5. (a)	BONAFIGLIA, BRUCE II						
,,,,	Registered Agent and Registered Office shown on the records of the	he Flor	ida Dept. of Stat	e:			
	3905 West Eau Gallie Blvd Unit 114				125	202:	
	Registered Office Address	-		2023 MAY 19			
	Melbourne, , FL 3	32934		-	SETARY OF STUE THASSET OF TOOLS		
(b)	C T Corporation System				32	AH II: 3	
(0)	Enter name of NEW Registered Agent and/or NEW Registered Office address:			-	Ţm,	3	
	NEW Registered Office Address:			-			
	1200 South Pine Island Road						
			_	-			
	Plantation FL.	33324		_			
the cha agent was/w	imited liability company is not organized under the lawsing or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the False.	the re pility Tthe l imite	gistered office company, it is imited liabilit	e and the business off s hereby confirmed th y company or as othe npany.	ice of the	registered inge(s)	
Signa	iture of a member or authorized representative of a member	Printed or typed name of signee					
provis the ob to mer notifie By:	thy accept the appointment as registered agent and agre- ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided elv reflect a change in the registered office address. I had in writing of this change. Michele Holden, CT Corporation System Assistant Secretary are of Registered Agent	ve to c perfor I for it ereby	ict in this cap rmance of my n Chapter 60, confirm that	acity. I further agree duties, and I am jami 5, F.S. Or, if this doct the limited liability co	to compl liar with i iment is b impany h	y with the and accept weing filed as been	

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