

(((H230001628723)))

(shown below) on the top and bottom of all pages of the document.



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

Email Address:____

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (954)208-0845 Fax Number : (614)573-3996

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

LLC REGISTERED AGENT CHANGE PALM RETREAT, LLC

Certificate of Status	0
Certified Copy	<u> </u>
Page Count	02
Estimated Charge	\$55.00

Electronic Filing Menu Corporate Filing Menu

T. LEMIEUX MAY 0 4 2023

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.

	230 Park Avenue South		. 230 Park /	Avenue South
(a)	Principal office address of limited liability company: (None: MUST BE STREET ADDRESS)	_ (1)	Avenue South Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)
	New York, NY 10003	-	New York,	, NY 10003
	5/28/2020		M20000004	
(a)	Date of filing/registration in Florida Corporation Service Company	4.		Document number
(4)	Registered Agent and Registered Office shown on the records of th	e Florida	a Dept. of State	– e:
	Registered Office Address (MUST BE FLORIDA STREET A)	DDRES:	<u></u>	. 2 <u>8</u>
	Tallahassec , FL 3	2301		2623 F.
(b) .	C T Corporation System			- +
	Enter name of NEW Registered Agent and/or NEW Registered C	ffice nd	dress:	- AT -
	NEW Registered Office Address:			$\frac{1}{2}$, $\frac{3}{2}$
	1200 South Pine Island Road			-
	Plantation , FL 3	3324		_
char ent w is/we e artic	mited liability company is not organized under the lawsing or changes are made, the Florida street address of till be identical. Or, in the case of a Florida limited liabre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li	s of the he regi pility co the lin mited l	State of Flo stered office ompany, it is sited liability liability con	orida, it is hereby confirmed that after e and the business office of the register is hereby confirmed that the change(s) y company or as otherwise provided in appany.
ignan	ure of a member or authorized representative of a member	***	EDAVIS, MA	Printed or typed name of signee
hereb ovisio	y accept the appointment as registered agent and agre- ons of all statutes relative to the proper and complete p gations of my position as registered agent as provided by reflect a change in the registered office address, I he	e to aci erform	t in this capt ance of my to Chantar 605	acity. I further agree to comply with the duties, and I am familiar with and acce

To: