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| (Requestor's Name) | | | | | | | | |
|---|--|--|--|--|--|--|--|--|
| (Address) | | | | | | | | |
| (Address) | | | | | | | | |
| (Cib. (Chata Cia III) 40 | | | | | | | | |
| (City/State/Zip/Phone #) | | | | | | | | |
| PICK-UP WAIT MAIL | | | | | | | | |
| (Business Entity Name) | | | | | | | | |
| , , | | | | | | | | |
| (Document Number) | | | | | | | | |
| Certified Copies Certificates of Status | | | | | | | | |
| Special Instructions to Filing Officer: | | | | | | | | |
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Office Use Only



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MAN 2 5 2021 S. YOUNG





CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Erika Zavala Daza erika.zavaladaza@cscglobal.com

Date: December 7, 2020

Order#: 532498-002

Re: 7622 COURTYARD RUN W LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.

Please take the following action:

XX File in your office on a routine basis.

XX ___ Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Erika Zavala Daza c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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.

| I. Na | me of the limited liability company: 7622 COURTY | ARD R | UN | W·LLC | | | | ·· |
|---|---|--|---------------------------|--|---|---------------------------|----------------------|---|
| 2. (a) | 4201 ROUTE 9 | | (b) | 4201 RO | UTE 9 | | | |
| (u) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | - | (0, | | Mailing address o (Note: MAY B | | - | |
| | HOWELL, NJ 07731 | | HOWELL, NJ 07731 | | | | | |
| | 07/09/2020 | | | M2000000 | 6293 | | | |
| 3. | Date of filing/registration in Florida | 4. | - | | Document nu | mber | | |
| 5. (a) | INCORP SERVICES, INC. | | | | | | | |
| , (u) | Registered Agent and Registered Office shown on the records of 17888 67TH COURT NORTH | <u>-</u> е: | | | | | | |
| | Registered Office Address (MUST BE FLORIDA STREET ADDRESS) | | | | _ | | | |
| | | | | | _ | ٠., | 25.2 | |
| | LOXAHATCHEE | , 33470 |) | | _ | , , | 2%?]] DEC | •; |
| | , r | L | | | _ | · · · | 1 | ي) د |
| (b) | | | | | | | 9 | ******* |
| | Enter name of NEW Registered Agent and/or NEW Registere | d Office : | ad c | lress: | _ | | PH | |
| | | | | | | | 6: 64 | t, |
| | Corporation Service Company | | | | _ | | ţ | |
| | NEW Registered Office Address: | | | | | | | |
| | 1201 Hays Street | | | | _ | | | |
| | Tallahassee | , 32301 | 1 | | | | | |
| :hange igent v was/we | imited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members cles of organization or the operating agreement of the | iws of the registe iability of the limited | ere coi imi d li | d office an npany, it is ted liabilit ability con | d the business s hereby confir y company or npany. | office of t med that t | he regis the chan | tered ge(s) |
| | ture of a member or authorized representative of a member | Jii | II C | ilmi, Autho | orized Person | | | |
| I here provisi he obl o mero potified | by accept the appointment as registered agent and agent on sof all statutes relative to the proper and complete igations of my position as registered agent as provide ly reflect a change in the registered office address, I d in writing of this change | ree to a e perfori ed for in hereby | ict ma i C co | in this cap nce of my o hapter 605 nfirm that | Printed or typed acity. I further duties, and I ar 5, F.S. Or, if th the limited liab | r agree to | comply | with the id accep ing filed i been |
| Signatu Grace | re of Registered Agent E. Kirby, Asst. Vice President | | | | | | | |

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00