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(G 4/19/22 CORPORATION SERVICE COMPANY 1201 Hays Street

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CONTACT PERSON: Alexxis Weiland

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE : 621134 AUTHORIZATION : COST LIMIT : ORDER DATE: April 14, 2022 ORDER TIME : 8:22 AM ORDER NO. : 621134-003 CUSTOMER NO: 8374508 CHANGE OF AGENT NAME: 524 SW ST. LUCIE, LLC PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: _ CERTIFIED COPY

EXAMINER'S INITIALS:

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.

. Na	me of the limited liability company: 524 SW ST. LUC	CIE, LLO			
(a)	M200				
. (-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	``	<i>'</i>	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	750 B STREET SUITE 1930		750 B	STREET SUITE 1930	
	SAN DIEGO, CA 92101	_	SAN D	SAN DIEGO, CA 92101	
	11/25/2020		M20000	0010802	
	Date of filing/registration in Florida	4.		Document number	
. (a)					
. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of Sta CHESTNUT BUSINESS SERVICES, LLC			State:	
	Registered Office Address (MUST BE FLORIDA STREET)	(DD#FC	<u></u>		
	490 1ST AVENUE SOUTH SUITE 700			20 Turk	
		33701		2022 APR 18	
	SAINT PETERSBURG				
(L)					
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:				
				8: 1	
	Corporation Service Company			· 🛱 ⋤	
	NEW Registered Office Address:			 -	
	1201 Hays Street				
	Tallahassee	32301			
	, FL	52501		<u> </u>	
iange gent w as/we	mited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lia- are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	registere bility co f the lim	ed office impany, i nited liabi	and the business office of the registered it is hereby confirmed that the change(s) ility company or as otherwise provided in	
	/S/: JILL CILMI	JILI	_ CILMI, /	AUTHORIZED PERSON	
Signat	ure of a member or authorized representative of a member			Printed or typed name of signee	
rovisio ie obli o mere	ov accept the appointment as registered agent and agre ins of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address, I h I in writing of this change,	e to act performa for in (ereby co	in this ca ance of m hapter 6 onfirm the	apacity. I further agree to comply with the ty duties, and I am familiar with and accep 505, F.S. Or, if this document is being filed at the limited liability company has been	
	2 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	GRACI	EE. KIRI	BY, ASST. VICE PREISDENT	
ignatur	e of Registered Agent				