Division of Corporations 2/11/22, JB/DM

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 : (561)214-8442 Fax Number

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## LLC REGISTERED AGENT CHANGE 6 WASHINGTON POOL LLC

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K. SALY

FEB 1 4 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.

l. Na	me of the limited liability company: 6 WASHINGTO:	N POOL	LLC		
2. (a)	1680 MERIDIAN AVENUE STE 303	1	b) 1680 ME	RIDIAN AVENUE STE 303	
. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ `	<u></u>	Multing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)	_
	MIAMI BEACH, FL 33139	<del></del>	MIAMI E	BEACH, FL 33139	<del>_</del>
	12/15/2020		M2000001	1637	_
3. 5. (a)	Date of filing/registration in Florida COGENCY GLOBAL INC	4.		Document number	_
5. (a)	Registered Agent and Registered Office shown on the records of 115 N CALHOUN ST STE 4	the Florid	la Dept. of Sta		
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRES	<u>:S)</u>	ENZE FEB 11 PM 5: 10	エリー
	TALLAHASSEE, FL	32301			T
(b)	Corporate Creations Network Inc.			PA 5: 15	1.
	Enter name of NEW Registered Agent and/or NEW Registered	Office a	ddress:	GEN 15.	
	801 US Highway 1			<del>-,</del>	
	NEW Registered Office Address:				
	North Palm Beach . FL	33408	- 14 F	_	
change agent v was/we	imited liability company is not organized under the law e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia- ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	ws of the registe ability confithed in limited	red office ar ompany, it i nited liabili liability cor	nd the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in	
Signa	ture of a member or authorized representative of a member			Printed or typed name of signee	—
l herei provisi he obl o meri	by accept the appointment as registered agent and agrous of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address, 1 if in writing of this change.	ree to ac perform d for in hereby c	t in this cap sance of my Chapter 60, confirm that	pacity. I further agree to comply with th	e pt d
Carlos N	M Alvarez, Special Secretary				
Signatu	re of Registered Agent				