Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : INCORP SERVICES INC

Account Number : I20120000007 Phone : (702)866-2500 Fax Number : (702)866-2689

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

Email Address: \_\_\_\_\_\_documents@incorp.com

LLC REGISTERED AGENT CHANGE ONX-ODAGLED GRAND PALMS, LLC

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## **COVER LETTER**

TO:	Registration Section Division of Corporations					
CETT I	ONX-Odagled Grand Palms, LLC					
SUBJ	Name of Limited Liability Company					
Dear S	Sir or Madam:					
The er	nclosed Registered Agent/Registered Office	c Change and fee(s) are submitted for filing.				
Please	return all correspondence concerning this	matter to the following:				
	Kim Barajas					
	Name of Person					
	InCorp Services, Inc.					
-	Firm/Company					
	3773 Howard Hughes Pkwy. · Suite	÷ 500S				
_	Address	<del></del>				
	Las Vegas, NV 89169-6014					
	City/State and Zip Code					
	documents@incorp.com					
	E-mail address: (to be used for future annu	al report notification)				
For fu	rther information concerning this matter, p	lease call:				
Kim f	Barajas for InCorp Services, Inc.	800-246-2677				
	Name of Person	Area Code & Daytime Telephone Number				
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
	Enclosed is a check for the following s	mount:				
	☑ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy				
NHS	18 (2/14)					

H210002300363

## 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.

(a) .	me of the limited liability company: ONX-Odagled			
(") .	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		( )	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	11801 Domain Blvd Ste A-143		11801 🗆	Domain Blvd Ste A-143
	Austin, TX 78758	<del></del>	Austin,	TX 78758
	03/01/2021		M21000	002378
	Date of filing/registration in Florida	— 4.		Document number
(a)	CT CORPORATION SYSTEM			
(a)	Registered Agent and Registered Office shown on the records of	f the Flo	orida Dept. of St	tate:
	1200 South Pine Island Road			
	Registered Office Address MUST BE FLORIDA STREET	'ADDR	ESS)	
	Plantation , F	T.	33324	LLAHASSE LLAHASSE
		~		SSS -
<b>(b)</b>	InCorp Services, Inc.			
. ,	Enter name of NEW Registered Agent and/or NEW Registere	d Offic	e address.	
	17888 67th Court North			<b>₩</b>
	NEW Registered Office Address:			ω
	Loxahatchee		33470	_
	Loxanatchee, F	L		<del></del>
cha ent v	imited liability company is not organized under the lange or changes are made, the Florida street address ovill be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	of the i liability of the limit	registered off y company, i limited liabi	it is hereby confirmed that the change(s) ility company or as otherwise provided company.
	ture of a member or alithorized representative of a member	-		Printed or typed name of signee
nere ovisi	by accept the appointment as registered agent and agions of all statities relative to the proper and complet ligations of my position as registered agent as providely reflect a change in the registered office address, and in writing of this change.	gree to te perf	act in this commance of n	apacity. I further agree to comply with ny duties, and I am familiar with and ac 605. F.S. Or, if this document is being fi