## m21000008175

(1	Requestor's Name)
(,	Address)
(,	Address)
((	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(1	Business Entity Name)
	Document Number)
Certified Copies	Certificates of Status
Special Instructions to F	Filing Officer:
	<i>;</i>
	CCT

Office Use Only



100437630431

FILED

2024 OCT -9 AM 8: 26

SECRETARY OF STAIR
ALL MASSEE FLORING





## 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.

2. (a)	4 SE 6th Avenue	(b)	4 SE 6th	Avenue
(u)	Principal office address of limited fiability company: (Note: MUST BE STREET ADDRESS)	(0)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Delray Beach, FL 33483		Delray Be	each, FL 33483
	06/28/2021		M210000	08175
Ι,	Date of filing/registration in Florida	4.		Document number
5. (a)	Registered Agent and Registered Office shown on the records o BRIGTON, ROBERT		•	2024 OCT SECRETA
	Registered Office Address (MUST BE FLORIDA STREET  1 E BROWARD BLVD STE 1800	<u>ADDKESS)</u>		200 AHE
	FORT LAUDERDALE	. 33301		FIL T-9
(h)	FORT LAUDERDALE	L		- AH
(b)	Enter name of NEW Registered Agent and/or NEW Registere  Corporation Service Company	l	ress:	
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	l	ress:	- AH 8:
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u> Corporation Service Company	l	ress:	- AH 8:
(b)	Enter name of NEW Registered Agent and/or NEW Registere  Corporation Service Company  NEW Registered Office Address:	l	ress:	- AH 8:
f the 1 change agent v	Enter name of NEW Registered Agent and/or NEW Registere  Corporation Service Company  NEW Registered Office Address:  1201 Hays Street	d Office add	State of F1 I office an npany, it i	orida, it is hereby confirmed that after the did the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in
f the l hange gent v vas/w he arti	Enter name of NEW Registered Agent and/or NEW Registere  Corporation Service Company  NEW Registered Office Address:  1201 Hays Street  Tallahassee  Finited liability company is not organized under the layer or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited light and the registered by an affirmative vote of the members	32301  ws of the Se registered in the limited limited limited	State of F1 I office an npany, it i ted liabilit ability cor	orida, it is hereby confirmed that after the did the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in
f the l thange igent v vas/w he arti	Enter name of NEW Registered Agent and/or NEW Registere  Corporation Service Company  NEW Registered Office Address:  1201 Hays Street  Tallahassee  Finited liability company is not organized under the layer or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lighter authorized by an affirmative vote of the members icles of organization or the operating agreement of the	32301  ws of the Se registered in the limited limited limited	State of F1 I office an npany, it i ted liabilit ability cor	orida, it is hereby confirmed that after the head the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in mpany.
f the 1 change igent v vas/w he arti /S/ L Signa I here provisi o mer	Enter name of NEW Registered Agent and/or NEW Registere  Corporation Service Company  NEW Registered Office Address:  1201 Hays Street  Tallahassee  Finited liability company is not organized under the layer or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lighter authorized by an affirmative vote of the members icles of organization or the operating agreement of the AUREN FLEWELLYN	32301 L aws of the Se registered iability con of the limited lia LAUI	State of FI I office an apany, it i ted liabilit ability cor REN FLEV	orida, it is hereby confirmed that after the did the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in impany.  WELLYN, AUTHORIZED PERSON  Printed or typed name of signee bacity. I further agree to comply with the duties and I am familiar with and acceptance.

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00 CSC 662255