M21000008177

	(Requestor's Name)					
	(Address)					
	(Address)					
	(City/State/Zip/Phone #)					
PICK-UP	wait Mail					
	(Business Entity Name)					
(Document Number)						
Certified Copies	Certificates of Status					
Special Instructions to Filing Officer:						
	625 - 173 625 - 173					
						

Office Use Only



000437630440

FILED 2024 OCT -9 AM 8: 29 SECRETARY OF STATE





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: 1350 A LLC						
2. (a)	4 SE 6th Avenue			(b) 4 SE 6th Avenue			
2. (u)	Principal office address of limited liability company: (<u>Note: MUST BE STREET ADDRESS</u>)		(0)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	Delray Beach, FL 33483		-	Delray Be	ach, FL 33483		
	06/28/2021		1	и2100000 			
3.	Date of filing/registration in Florida	4.			Document number		
5. (a)	Registered Agent and Registered Office shown on the records of BRIGHTON, ROBERT Registered Office Address (MUST BE FLORIDA STREET)			ept, of State	- :: -		
	1 E BROWARD BLVD STE 1800			2024 -SEC			
	FORT LAUDERDALE, FI.	33301		_	PEILLE 2024 OCT -9 SECRETARY (
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address: Corporation Service Company				TARY OF STATE		
	NEW Registered Office Address:				-		
	1201 Hays Street	-					
	Tallahassee	32301					
change agent w was/we the arti	imited liability company is not organized under the law 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 cles of organization or the operating agreement of the	registe ability of of the li limited	red com mit I lia	office and pany, it is ed liability bility com	If the business office of the registered is hereby confirmed that the change(s) we company or as otherwise provided in apany.		
	AUREN FLEWELLYN Ture of a member or authorized representative of a member		101	CENTLEV	VELLYN, AUTHORIZED PERSON Printed or typed name of signee		
I herei provisi the obl to mere notified	by accept the appointment as registered agent and agroups of all statutes relative to the proper and complete igations of my position as registered agent as provided the reflect a change in the registered office address, I fin writing of this change. GRACE E. KIRB to GRACE E. KIRB	perfori d for in hereby	nan Ch con	ce of my a apter 603 firm that i	icity. I further agree to comply with the luties, and I am familiar with and accept F.S. Or, if this document is being filed the limited liability company has been		

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