(Requestor's Name)					
(Address)					
(Address)					
(1881-333)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
1					
Special Instructions to Filing Officer:					
J. HORNE					
ADD IN HOOM					
APR 2 8 2025					

Office Use Only



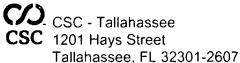
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2025 APR 25 PH 3: 36

TÄLLAHÄSSEE PLÖRIDA

2025 AFR 25 AH IO: 05

FLED



850-558-1500, Ext: x61563

To: Department Of State, Division Of Corporations

From: Shauna Godbolt - Shauna Godbolt@cscglobal.com

Ext: x61563 Date: 04/25/25

Order #: 1949198-10

Re: AWPRE ENCORE VIVE 2021, LLC

Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Change of Registered Agent and Office

Check in the amount of: \$25.0 - FL State Account Number: I20000000195

Please take the following action:

File on a routine basis Issue proof of filing Return evidence to the following: ATTN: Shauna Godbolt c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

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.

PALM BEACH G. 11/05/2021 3. Date of fi Registered Agent and GASSMAN, ALAI Registered Office Add 1245 COURT ST CLEARWATER	e address of limited liability company: AUST BE STREET ADDRESS) ARDENS, FL 33418 ling/registration in Florida Registered Office shown on the records of	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) FL 33477 14832 Document number
Principal offic (Note: A) PALM BEACH G. 11/05/2021 3. Date of fi 5. (a) Registered Agent and GASSMAN, ALAI Registered Office Add 1245 COURT ST CLEARWATER	ARDENS, FL 33418 ling/registration in Florida Registered Office shown on the records o		JUPITER	(<u>Note: MAY BE POST OFFICE BOX</u>) 2, FL 33477 14832
11/05/2021 3. Date of fi 5. (a) Registered Agent and GASSMAN, ALAI Registered Office Add 1245 COURT ST CLEARWATER (b)	ling/registration in Florida Registered Office shown on the records o			14832
3. Date of fi 5. (a) Registered Agent and GASSMAN, ALAI Registered Office Add 1245 COURT ST CLEARWATER (b)	Registered Office shown on the records o		M210000	
Registered Agent and GASSMAN, ALAI Registered Office Add 1245 COURT ST CLEARWATER	Registered Office shown on the records o			Document number
Registered Agent and GASSMAN, ALAI Registered Office Add 1245 COURT ST CLEARWATER	·	0.1 777 3.7		Document miniogr
1245 COURT ST CLEARWATER (b)	4.5	t the Florida	Dept. of Stat	e:
(b)		ADDRESS	7	2025 APR 25
	CLEARWATER 33756			APR 25 AH
Enter name of NEW I	Registered Agent and/or NEW Registere	d Office ad	dress:	AH 10: 05
NEW Registered Offi				
1201 Hays Street	-			_
Tallahassee	F	L32301		_
change or changes are ma agent will be identical. O was/were authorized by a	de, the Florida street address of the r, in the case of a Florida limited b	c registero iability co of the lim	d office an mpany, it is ited liabilit	orida, it is hereby confirmed that after the d the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in npany.
/S/ STEVE OLSON		STE	VE OLSO	N, AUTHORIZED PERSON
_	horized representative of a member			Printed or typed name of signee
I hereby accept the appoint of all statutes in the obligations of my position of my position merely reflect a change motified in writing of this control of the control of this control of thi	tion as registerea agent as provide in the registered office address. I	ea for in C hereby co	in this cap ince of my Chapter 605 onfirm that	acity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been
Signature of Registered Agent	-	ASST. VE		

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