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Division of Corporations

LLC REGISTERED AGENT CHANGE AGAP MILTON PARKMORE LLC

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M. SOLOMON

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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 N	ame of the limited liability company:	arkmore	LC			
2. (a)	245 Park Avenue, 26th Floor		245 Park Avenue, 26th Floor (b)			
_ (_,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing addr	ress of limited liability cor AY BE POST OFFICE B		
	New York, NY 10167		New York, NY 10167	1		
	11/23/2021		M21000015798			
3. 5. (a)	Date of filing/registration in Florida C T CORPORATION SYSTEM	4.	Document	t number		
(b) _	Registered Agent and Registered Office shown on the records on 1200 SOUTH PINE ISLAND ROAD	of the Flori	ta Dept, of State:	2024 OCT		
	Registered Office Address (MUST BE FLORIDA STREE)	TADDRES	<u>55)</u>	OCT 23	कराव्य-क व कु कराव्य-क	
	PLANTATION F	L		PH	s FFI	
	Corporate Creations Network Inc.			<u> </u>	ñ.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :		ddress:	o in		
	801 US Highway I					
	NEW Registered Office Address:					
	North Palm Beach	L				

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

1 avarez Signature of a member or authorized representative of a member

Estrella Tavarez, Attorney-in-Fact

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agony

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