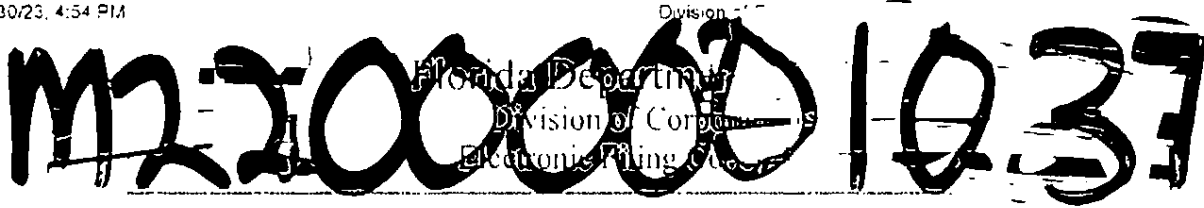


1/30/23, 4:54 PM



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.

((H23000039189 3)))



H2300003918934BC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (954)208-0845
Fax Number : (614)573-3996

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

Email Address: _____

LLC REGISTERED AGENT CHANGE
1770 MAYPORT RD LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$55.00

Electronic Filing Menu Corporate Filing Menu Help

JAN 31 2023

17/1

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.

1. Name of the limited liability company: 1770 MAYPORT RD LLC
2. (a) 1770 MAYPORT RD
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
ATLANTIC BCH, FL 32233
- (b) 19191 S VERMONT AVE
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
STE 680
TORRANCE, CA 90502
3. 01/20/2022
Date of filing/registration in Florida
4. M22000001037
Document number
5. (a) CORPORATE CREATIONS NETWORK INC.
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
801 US HIGHWAY 1 NORTH
Registered Office Address (Note: MUST BE FLORIDA STREET ADDRESS)
PALM BEACH, FL 33408
- (b) C T Corporation System
Enter name of NEW Registered Agent and/or NEW Registered Office address:
NEW Registered Office Address:
1200 South Pine Island Road
Plantation, FL 33324

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.

Signature of a member or authorized representative of a member

Charles Brown

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.

By: C T Corporation System

Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00

2023 JAN 30 PM 2:19

FILED

1/30/23, 4:51 PM

Division of Corporations

m2100016170

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

(((H230000391823)))



H2300003918234BC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (954)208-0845
Fax Number : (614)573-3996

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

Email Address: _____

LLC REGISTERED AGENT CHANGE
1496 OLD DIXIE HIGHWAY LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$55.00

Electronic Filing Menu

Corporate Filing Menu

Help

JAN 31 2023

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.

1. Name of the limited liability company: 1496 OLD DIXIE HIGHWAY LLC

2. (a) 1496 OLD DIXIE HWY (b) 1496 OLD DIXIE HWY

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

RIVIERA BCH, FL 33404

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

RIVIERA BCH, FL 33404

12/02/2021

M21000016170

3. Date of filing/registration in Florida

4. Document number

5. (a) CORPORATE CREATIONS NETWORK INC.

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

801 US HIGHWAY 1

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

NORTH PALM BEACH, FL 33408

C T Corporation System

(b)

Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address

1200 South Pine Island Road

Plantation, FL 33324

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.

Signature of member or authorized representative of a member

Charles Brown

Printed or typed name of signer

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.

By: C T Corporation System

Signature of Registered Agent

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