(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:						
R-Doc# & name clon4 maden.						

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2024 NOV 25 PM 3: 18

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 781421 7740632

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE: November 22, 2024

ORDER TIME : 11:04 AM

ORDER NO. : 781421-012

CUSTOMER NO: 7740632

CHANGE OF AGENT

NAME: COUNTYLINE BUILDING 23 LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Amanda Miller

EXAMINER'S INITIALS:



November 26, 2024

CORPORATION SERVICE COMPANY

Please give original submission date as file date.

SUBJECT: COUNTYLINE BUILDING 23 LLC

Ref. Number: M22000002373

We have received your document for COUNTYLINE BUILDING 23 LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

It appears the name and the document number listed within the articles does not match our records. Please make the needed updates within the articles for the entity name to match the assigned Florida document number.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Jalesa S Dennis
Regulatory Specialist II Supervisor

Letter Number: 124A00025802

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.

Name of the limited liability company: COUNTYLINE BUILDING 23 LLC							
2. ((a)		(b)			
,		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ `		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
		C/O FECI 350 NW 1ST AVE, STE 200		C/O FECI P.O. BOX 164739 MIAMI, FL 33116 M22000002373			
		MIAMI, FL 33128					
		08/03/2016					
3.		Date of filing/registration in Florida	4.		Document number		
5.		COBB, KOLLEEN O.P., ESQ.					
•		Registered Agent and Registered Office shown on the records of the Florida Dept. of State C/O FECI			- e:		
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			-		
		350 NW 1ST AVE, STE 200			28		
		MIAMI, FL	33128		FIL 2024 NOV 25 TALLAHÄSSE		
			<u>-</u>				
((b)				SSEEL FI		
		Enter name of NEW Registered Agent and/or NEW Registered Office address: Corporation Service Company					
					AM 9: 04 EE. FLORIDA		
		NEW Registered Office Address:					
		1201 Hays Street					
		Tallahassee .F1.	32301		_		
cha age was	nge nt v s/we	imited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liagre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	register bility c f the lit limited	red office and ompany, it is nited liability liability com	d the business office of the registered is hereby confirmed that the change(s) y company or as otherwise provided in apany.		
787 KOHCCH COOQ					Authorized Person		
I he pro the to n	eret visi obl nere	ture of a member or authorized representative of a member by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided ily reflect a change in the registered office address. The I'm writing of this change.	ee to ac perforn I for in vereby c	t in this capa amce of my a Chapter 605 confirm that t	Printed or typed name of signee acity. 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		
/s/ Grace E. Kirby Grace E. Kirby, Asst Vice President							
Signature of Registered Agent							