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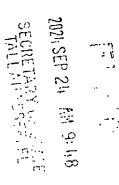
(Requestor's Name)
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PICK-UP WAIT MAIL
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COVER LETTER

TO: Registration Section Division of Corporations						
CAMBRIDGE LANSDOWNE LLC SUBJECT:						
Name of Limited Liability Company						
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Office Ch	nange and fee(s) are submitted for filing.					
Please return all correspondence concerning this mat	ter to the following:					
Daniel Simon						
Name of Person	······					
Cambridge Lansdowne	— <u>-</u> iu					
Firm/Company						
8101 SW 60TH AVENUE						
Address	(in the					
South Miami, FL 33143						
City/State and Zip Code						
daniel@cambridgelansdowne.com						
E-mail address: (to be used for future annual re	port notification)					
For further information concerning this matter, please	e call:					
Daniel Simon	646 673-1108					
Name of Person	Area Code & Daytime Telephone Number					
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					
Enclosed is a check for the following amou	int:					
■ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy					
INHS18 (2/14)						

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. N	ame of the limited liability company: CAMBRIDGE L	.ANSDC)WNE	LLC		
2. (a)	8101 SW 60TH AVENUE		(b) \$101 SW 60TH AVENUE			
(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BON)		
	South Miami, FL 33143		Sot	uth Miami, FL 33143		
	02/24/2022		M22	2000002946		
3.	Date of filing/registration in Fiorida	4.		Document number		
5. (a)						
	Registered Agent and Registered Office shown on the records of	f the Flor	ida Dep	of State:		
		_		2021 SE		
	Registered Office Address (MUST BE FLORIDA STREET	<u> ADDRI</u>	<u>(SS)</u>	SECRETARY SEE SEE		
	. F	1_				
	Daniel Simon					
(h)	Enter name of NEW Registered Agent and/or NEW Registere	d Office	address			
		<u> </u>		-: Lu		
	8101 SW 60TH AVENUE					
	NEW Registered Office Address.					
	South Miami	L ³³¹⁴³				
chang agent was/w	limited liability company is not organized under the la e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited li- vere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	e regist iability of the l	ered of compa imited	ffice and the business office of the registered any, it is hereby confirmed that the change(s) liability company or as otherwise provided in		
	<u> </u>	D	aniel Si			
	ature of a member or authorized representative of a member			Printed or typed name of signee		
provis the ob to mer	thy accept the appointment as registered agent and age tions of all statutes relative to the proper and complete ligations of my position as registered agent as provide rely reflect a change in the registered office address. I d in writing of this change.	gree to e e perfor ed for it hereby	ict in th mance n Chap confir	his capacity. I further agree to comply with the cof my duties, and I am familiar with and accept ster 605, F.S. Or, if this document is being filed on that the limited liability company has been		
Signat	urc of Registered Agent					
	Division of Corporations • P.O.	Roy 63	197 <u> -</u> T	Callabaccoa FI 3731.1		
	FILING 1			anana5500, FD 52514		