Maacoocyudit

	(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:
	Filing Officer:





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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE: 757400 8314884 AUTHORIZATION : CAREBOLETICA COST LIMIT : \$ 25.00 ORDER DATE: May 18, 2023 ORDER TIME : 8:30 AM ORDER NO. : 757400-002 CUSTOMER NO: 8314884 CHANGE OF AGENT NAME: 16TH STREET DRYSTACK TRS, LLC PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: __ CERTIFIED COPY XX PLAIN STAMPED COPY CONTACT PERSON: Alexxis Weiland-sorenson

EXAMINER'S INITIALS:

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.

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 BON)			
	1335 SE 16 ST		1335 SE	= 16 ST		
	FT LAUDERDALE, FL 33316	_	FT LAU	DERDALE, FL 33316		
	03/25/2022	N		M22000004667		
3.	Date of filing/registration in Florida	4.	-	Document number		
5. (a)			_			
	Registered Agent and Registered Office shown on the records of t	he Flori	da Dept. of St	ate:		
	FLORIDA FILING & SEARCH SERVICES INC.	_				
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					
	155 OFFICE PLAZA DR STE A					
	TALLAHASSEE	32301		100 H 8.2		
	TALLAHASSEE					
(b)				Ca to		
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office a	ddress:	_		
	Corporation Service Company			_		
	NEW Registered Office Address:					
	1201 Hays Street			_		
	Tallahassee, FL_	32301		_		
change agent v was/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 liabere authorized by an affirmative vote of the members of these of organization or the operating agreement of the law.	s of th register bility of the linited	e State of F red office a ompany, it nited liabili liability co	nd the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in		
Signature of a member or authorized representative of a member			Printed or typed name of signee			
I herei provisi the obl	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address. I he	e to ac perforn for in ereby (t in this cap tance of my Chapter 60 confirm that	pacity. I further agree to comply with the duties, and I am Jamiliar with and accept 5. F.S. Or, if this document is being filled the limited liability company has been		

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

Signature of Registered Agent

Grace E. Kirby, Asst. Vice President