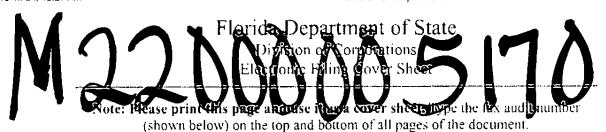
Division of Corporations



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## LLC REGISTERED AGENT CHANGE RIDGE 429 OWNER, LLC

Certificate of Status	0
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M.	SOLOMON
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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OF 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: RIDGE 429 OW	NER, LLC	
2. (a)	189 S ORANGE AVE	(b) 189 S ORANGE AVE	
2. (11)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing address of fimited hability company: (Note: MAY BE POST OFFICE BOX)
	ORLANDO. FL 32801	ORLANI	DO. FL 32801
	04/05/2022	M2200000	95170
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	CORPORATE CREATIONS NETWORK INC.		
J. (a)	Registered Agent and Registered Office shown on the records of 801 US HWY 1 N		7024 0
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)	2024 OCT 18
	PALM BEACH, FL. , FL	33408	- P 11
(b)	C.T. Corporation System		2: 54 E.F.C.
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	i Office address:	Γr; +
	NEW Registered Office Address:		<del></del>
	1200 South Pine Island Road		_
	Plantation , FI	33324	_
the cha agent was/w	imited liability company is not organized under the large or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	f the registered office ability company, it of the limited liability limited liability co	ce and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in
Sign	ture of a member or authorized representative of a member		Printed or typed name of signee
I here provis the obstormer notifie	thy accept the appointment as registered agent and aginous of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change.  CT Corporation System  TO TREGISTER AGENT SEANL EMENICK, ASS STANT SECRETARY	ree 19 act in this cap performance of my d for in Chapter 50 hereby confirm that	nowny. I further agree to contrib with the

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