(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:						
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Office Use Only



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CSC - Tallahassee
CSC 1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext: x61563

To: Department Of State, Division Of Corporations

From: Shauna Godbolt - Shauna.Godbolt@cscglobal.com

Ext: x61563 Date: 10/17/25 Order #: 4527858-24

Re: LIBERTY MANAGEMENT OF WELLINGTON BAY, LLC

Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Change of Registered Agent and Office

Check in the amount of: \$25.0 - FL State Account Number: I20000000195

Vill may

Please take the following action:

File on a routine basis
Issue proof of filing
Return evidence to the following:
ATTN: Shauna Godbolt
c/o Corporation Service Company
251 Little Falls Drive
Wilmington, DE 19808

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

- 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: LIBERTY MAN	AGEME	NT OF WEL	LINGTON BAY, LLC	
2. (a)			(b)		
2 . (=)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(*)	Mailing address of limited I	liability company:
	2334 S. 41ST ST.		2334 S. 4	IST ST.	
	WILMINGTON, NC 28403		WILMING	STON, NC 28403	
	05/20/2022		M2200000	8046	
3.	Date of filing/registration in Florida	4.		Document number	ـــــــــــــــــــــــــــــــــــــ
5. (a)					1412
<i>J.</i> (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State INCORPORATING SERVICES, LTD.			e:	11 LOG 17
	Registered Office Address	ADDRE	<u>SS)</u>		
	1540 GLENWAY DR.				PH
	TALLAHASSEE F	32301	i	_	T. 39
					9 2/
(b)	Enter name of NEW Registered Agent and/or NEW Registere Corporation Service Company	d Office	addre <u>ss</u> :	_	
	NEW Registered Office Address:			_	
	1201 Hays Street			_	
	Tallahassee, F	L	l	_	
change 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 ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	e registe iability of of the li	ered office an company, it is imited liabilit	d the business office of s hereby confirmed that y company or as other	f the registered at the change(s)
/S/ Ronald B.McNeil			Ronald B.McNeill, Manager		
_	iture of a member or authorized representative of a member			Printed or typed name of	_
provis the ob- to mer notifie	by accept the appointment as registered agent and agions 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.	ree to a 2 perfori 2 perforin 4 pereby	ct in this cape mance of my i Chapter 605 confirm that	acity. I further agree t duties, and I am famili i, F.S. Or, if this docu the limited liability coi	o comply with the ar with and accept ment is being filed mpany has been
	ire of Registered Agent				
Grace	E. Kirby, Asst. Vice President				

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
COA-556295 FILING FEE: \$25.00