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Division of Corporations

Florida Department of State

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Division of Corporations

Fax Number : (850)617-6383

Account Name : C 1 CORPORATION SYSTEM

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LLC REGISTERED AGENT CHANGE CARROLL REALTY FLORIDA LLC

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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)	me of the limited liability company: Carroll Realt 101 W MAIN ST		(b) 101 W MAIN ST		
	Principal office address of limited hability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited hability company: (Note: MAYBE POST OFFICE BOX)		
	STE 101		STE 101		
	NORFOLK, VA 23510		NORFOL	K, VA 23510	
	07/11:2022		M2200001	0679	
	Date of filing/registration in Florida	4.		Document number	
. (a)	Meyers, Mary Beth, Mary Beth Meyers				
	Registered Agent and Registered Office shown on the record 3706 N. Roosevelt Drive	de.			
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) Suite 208				
	•	<u>I, 1 AUDIKES</u>	<u>SS)</u>		21
	Suite 208		<u>(SS)</u>	 	2024 F F
(h)	Suite 208		<u> </u>	- .	2024 FEB 1 6
(b)	Suite 208 Key West	, FL <u>33040</u>		 -	2024 FEB 16 PH 2:
(b)	Suite 208 Key West C T Corporation System	, FL <u>33040</u>		 	2024 FEB 16 PH 2: 02
(b)	Suite 208 Key West C T Corporation System Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u>	, FL <u>33040</u>			= -

was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

75/ Gabriel L. McCoy, authorized representative of a member	 Gabriel L. McCoy, Esquire
Signature of a member or authorized representative of a member	Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a charge in the registered office address. Thereby confirm that the limited liability company has been notified in writing of this change.

By: SEAN L EMPROX ASSSTANT STRETARY Signature of Registered Agent