M22000011726

(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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2023 SEP IL AM 10: 34
SECULTARY OF STATE

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RECEIVER

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT N	10. :	12000000	00195				
REFEREN	ICE :	986966	8415422				
AUTHORIZATI	ON :	South	Lenen				
COST LIM	IIT :	\$ 250- 00					
ORDER DATE : September 14,	2023						
ORDER TIME : 2:05 PM							
ORDER NO. : 986966-006							
CUSTOMER NO: 8415422							
CHANGE OF AGENT							
NAME: FOL PROPER	ארא או	ACEMENT I	T.C.				
NAME: FOD PROPER	LI MAN	AGEMENI I	1110				
PLEASE RETURN THE FOLLOWING	: AS PR	OOF OF FI	LING:				
CERTIFIED COPY							
XX PLAIN STAMPED COPY							
CONTACT PERSON: Alexxis We	iland-	sorenson					
	EXAMI	NER'S INI	TIALS:				

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.	Na	me of the limited liability company: FOL PROPER	RTY M	ANA	SEMENT L	.LC			
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 BOX)			
		1170 KANE CONCOURSE STE 301			1170 KAN	NE CONCOUF	RSE STE 3	01	
		BAY HARBOUR, FL 33154			BAY HAR	RBOUR, FL 33	154		
		07/27/2022			M2200001	11726			
3.		Date of filing/registration in Florida	-4	٠		Document nu	mber		
5.	(a)								
	(<i>)</i>	Registered Agent and Registered Office shown on the records	of the F	lorida	Dept. of State	 e:			
		C T CORPORATION SYSTEM							
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)							
		1200 S PINE ISLAND RD #250	S PINE ISLAND RD #250						
		PLANTATION . I	FL_33	324		_	TALL SÉU	2023 SEP 14	
							LAHA	SEP	1
((b)	Enter name of NEW Registered Agent and/or NEW Register	_	AR SSI	<u>-</u> -	<u> </u>			
		Enter name of NEW Registered Agent and/or NEW Register	ea Om	ce auo	ress:		m _o	≥	m
•		Corporation Service Company				_	OF STATE E.FLORIDA	AM 10: 34	
		NEW Registered Office Address:					10	ဍ	
		1201 Hays Street	_						
		Tallahassee I	FL_323	301		_			
lf il	ne li	mited liability company is not organized under the l	aws of	f the !	State of Flo	orida it is here	by confirm	ed tha	t after the
cha	nge	or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited	he regi	stere	l office and	d the business	office of th	ie regi	stered
was	/we	re authorized by an affirmative vote of the members cles of organization or the operating agreement of the	s of the	e limi	ted liability	y company or	as otherwis	se prov	rided in
		tella Templo			•	Authorized Pe	rson		
		ure of a member or authorized representative of a member			<u> </u>	Printed or typed		iec	
pro the to n	visid oblij iere	ov accept the appointment as registered agent and agens of all statutes relative to the proper and complet gations of my position as registered agent as provid by reflect a change in the registered office address, a in writing of this change.	gree to le perfe led for I herel	g act i orma in Ci by coi	n this capa uce of my a hapter 605, ifirm that t	acity. I further luties, and I ar , F.S. Or, if th the limited liab	r agree to c m familiar us documen bility compo	omply with a at is be any ha	with the nd accept ging filed s been
aou <u>.</u>	, reu	Drace C-Kubl	(GRAG	CE E KIRB	BY, ASST. VI	CE PRESII	DENT	
Sier	ratur	e of Registered Agent							