M22000011737

(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:						
J DENGE						
# Linning						
SEP 1 U 2023						

Office Use Only



800414616928

2023 SEP IL AM 9: 26



STATEMENT σ F 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.	Name of the limited liability company: FOL RE HOLE	OCO LLC			
2. (a					
	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 K	ANE CONCOURSE STE	301
	BAY HARBOUR, FL 33154		BAY HA	ARBOUR, FL 33154	
	07/27/2022		M220000	011737	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a					
J. (t	Registered Agent and Registered Office shown on the records of	of the Florid	la Dept. of St	tate:	
	C T CORPORATION SYSTEM				20
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				
	1200 S PINE ISLAND RD #250				FIL 023 SEP 14
	PLANTATION	33324		<u> </u>	FILE RY
	,	.,			
(b)				جڙ: جين
,	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	ed Office a	ddress:		26
	Corporation Service Company				-
	NEW Registered Office Address:				
	1201 Hays Street				
	Tallahassee	, 32301			
	,	L			
chang agent was/v	limited liability company is not organized under the lage or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited layere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	e register liability co of the lin	ed office a ompany, it nited liabil	and the business office of is hereby confirmed that ity company or as otherw	the registered the change(s)
/s/	Stella Templo	Ste	ella Templo	, Authorized Person	
Sign	nature of a member or authorized representative of a member			Printed or typed name of si	gnee
provi. the ol to me	eby accept the appointment as registered agent and ag sions of all statutes relative to the proper and complete bligations of my position as registered agent as provide rely reflect a change in the registered office address. I ed in writing of this change.	e perform ed for in (' hereby c	iance of mi Chapter 60 confirm tha	y duties, and I am familia 95, F.S. Or, if this docum It the limited liability com	r with and accept ent is being filed pany has been
nonyn	Drace C-Kuble	GR/	ACE E KIR	RBY, ASST. VICE PRES	SIDENT
Signat	ture of Registered Agent				

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

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