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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : CAPITOL CORPORATE SERVICES, INC.

Account Number : 120160000048 Phone : (800)345-4647 Fax Number : (800)432-3622

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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## LLC REGISTERED AGENT CHANGE 3425 COLLINS LAND TRUSTEE LLC

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K. SALY

AUG - 6 2024

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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursue submit Florid	ant to the provisions of sections 605.0114 o s the following statement in order to cha a. 200	r 605.0116, Flor nge its registere COLLINS LA	ed office or re	egistered agent, or both, in the Stat	e of
l. Nai	me of the Limited Liability Company:	, COLLING L	AND INCO		
2 (a)	C/O OKO GROUP LLC		(b) C/O O	KO GROUP LLC	
(-)	Principal office address of limited liability c (Note: MUST BE STREET ADDRE		, ,	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)	
	4100 NE 2ND AVE. #307	<del></del>	<u>4100 N</u>	NE 2ND AVE. #307	
	MIAMI, FL 33137		MIAMI	, FL 33137	
_	10/13/2022	<del></del>	M22000	0015830	
3.	Date of filing/registration in Florid	da 4.		Document number	
5. (a)	Capitol Services	<del> </del>		_	
	Registered Agent and Registered Office shown on the	ie records of the Flor	rida Dept. of Stat	ee:	
	515 E. PARK AVE. FLOOR 2	· · · · · · · · · · · · · · · · · · ·		_	
	Registered Office Address (MUST BE FLORID	<u>A STREET ADDRE</u>	ere.	7 2	
				- 20 5	اعبي
	TALLAHASSEE	, fl_ 323	301	2024 AUG -2 ATT SECURE ALLAHASSET FLORIDA	
		, ,		75.	,
(b)	Capitol Corporate Services, Inc.	· · · · · · · · · · · · · · · · · · ·		- (*)	
	Enter name of NEW Revistered Agent and/or NEW	Registered Office	address:	Er.	۶ 
	E45 Food Dools Assessed On d El				L: 08
	515 East Park Avenue 2nd Fl NEW Registered Office Address:			-	8
	Negasiered Office / Walcass.			-	
	Tallahassee	FL 323	301	_	
the cha agent v was/we	imited liability company is not organized uninge or changes are made, the Florida street will be identical. Or, in the case of a Florida are authorized by an affirmative vote of the cles of organization or the operating agreent asm. had so.	address of the re a limited liability members of the l	gistered office company, it is imited liabilit	e and the business office of the registe s hereby confirmed that the change(s) y company or as otherwise provided in pany.	red
Signat	ture of a member or authorized representative of a me	mber		Printed or typed name of signee	
попрес	hy accept the appointment as registered age ons of all statules relative to the proper and igations of my position as registered agent ely reflect a change in the registered office of it in writing of this change.				the rept led
	- Inlerti		•	nt Secretary on	
oignatu	re of Rogistered Agent	behalf of Ca	apitol Corpo	orate Services, Inc.	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 FILING FEE: \$25,00

INHS18 (2/14)