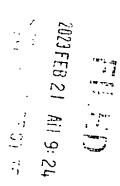
## M22000017687

(F	Requestor's Name)	
(/	Address)	
	Address)	
(0	City/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(8	Business Entity Nam	e)
(1	Document Number)	
ed Copies	Certificates	of Status
al Instructions	to Filing Officer:	· · · · · · · · · · · · · · · · · · ·

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## **CT CORP**

## 3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

wie DW

02/21/2023

Date:

	Acc#I20160000072			
Name:	RFD North 39, LLC			
Document #:				
Order #:	14792771			
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing:				
Certified Copy of  Apostille/Notarial  Certification:	Country of Destination:  Number of Certs:			
Filing: 🗸	Certified:			
Availability  Document  Examiner  Updater  Verifier  W.P. Verifier  Ref#	Amount: \$ 55.00			

Thank you!

## 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.

l. Na	me of the limited liability company: RFD North 39, I	LLC		
2. (a)		(b)		
()	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability compar (Note: MAY BE POST OFFICE BOX	
	C/O DACRA3841 NE 2ND AVE, STE. 400	C	/O DACRA3841 NE 2ND AVE, STE, 400	
	MIAMI, FL 33137		(IAMI, FL 33137	
	11/28/2022		22000017687	
3.	Date of filing/registration in Florida	4.	Document number	
5 (-)	UNITED CORPORATE SERVICES, INC.			
5. (a)	Registered Agent and Registered Office shown on the records of	of the Florida De	ept. of State:	
	Registered Office Address (MUST BE FLORIDA STREET) 3458 LAKESHORE DR.	TADDRESS)		
	TALLAHASSEE, F	L 32312		7023 FEB
(b)	C T Corporation System			E8 2
(-)	Enter name of NEW Registered Agent and/or NEW Registered	ed Office addre	) , m	A
	NEW Registered Office Address:	<b></b>		9: 2
	1200 South Pine Island Road			55
	Plantation, F	33324 FL		
Signa  I here provise the obito mer notifie	imited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the members icles of organization of the operating agreement of the ture of a member or authorized representative of a member by accept the appointment as registered agent and a lons of all statutes relative to the proper and completing of my position as registered agent as providely reflect a change in the registered office address, din writing of this change.  CT Corporation System  Mark Holloway, Assistant Secretary	of the registe liability coms of the limited lial	pany, it is hereby confirmed that the changed liability company or as otherwise provide pility company.  Printed or typed name of signee  this capacity. I further agree to comply we can fine duties and I am fumiliar with and	gistered e(s) ed in

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

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