## M23000000869

(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP	WAIT MAIL			
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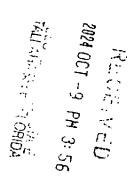




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SECRETARY OF STATE
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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

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.

1. N	ame of the limited liability company:TWELVE BRIDG	SES V, LLC	
2. (a)	114 NE 1ST AVENUE DELRAY BCH, FL 33444	(b)114 i	NE 1ST AVENUE DELRAY BCH, FL 33444
(,	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
3.	01/23/2023  Date of filing/registration in Florida		00000869  Document number
5. (a	Registered Agent and Registered Office shown on the records of the Florida Dept. of State ELK, SCOTT A		1 SECR
	Registered Office Address (MUST BE FLORIDA STREET A	(DDRESS)	FIL 2024 OCT -9 SECRETARY
	BOCA RATON, FL.	33431	LED  9 AM 9: 10  9 AM 9: 10
(b)	Enter name of NEW Registered Agent and/or NEW Registered  Corporation Service Company	Office address:	<u></u> 중제 <b>5</b>
	NEW Registered Office Address: 1201 Hays Street		<del></del>
	Tallahassee, FL	32301	
chang agent was/w	limited liability company is not organized under the law e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liagere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	registered offic bility company f the limited lia	e and the business office of the registered , it is hereby confirmed that the change(s) ability company or as otherwise provided in
/\$/	LAUREN FLEWELLYN,	LAUREN F	LEWELLYN, AUTHORIZED PERSON
Sign	ature of a member or authorized representative of a member	<del></del>	Printed or typed name of signee
provis the of to <b>me</b> i	why accept the appointment as registered agent and agressions of all statutes relative to the proper and complete poligations of my position as registered agent as provided rely reflect a change in the registered office address, I had in writing of this change.	performance of I for in Chapter tereby confirm (	my duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed that the limited liability company has been
Signat	Unace C. KUDLY GRACE E. KIRBY, AS	SST. VICE PRI	ESIDENT

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Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00 CSC 662255