M23000002069

(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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CORPORATE ACCESS,

When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WAIKIN

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		PICK UP:	BROOK 5/28		
		CERTIFIED COPY			
	XX	РНОТОСОРУ			
		GS			
	XX	FILING	CHANGE OF RA		
1.		PORT 55 APARTMENTS, 1 (CORPORATE NAME AND DOCUMEN	CLC		
2.	-	(CORPORATE NAME AND DOCUMEN	·· [· #)		
3.		(CORPORATE NAME AND DOCUMEN	T['#)		
4.		(CORPORATE NAME AND DOCUMEN	(T) #)		
5.		(CORPORATE NAME AND DOCUMEN	TT #)		
6.					
SPE	CIAI	CORPORATE NAME AND DOCUMEN LINSTRUCTIONS:			
					

COVER LETTER

	istration Section ision of Corporations						
SUBJECT:	Port 55 Apartments, LLC						
Name of Limited Liability Company							
Dear Sir or	Madam:						
The enclose	d Registered Agent/Registered Office Cl	hange and fee(s) are submitted for filing.					
Please return	n all correspondence concerning this mat	tter to the following:					
Katie Bush							
	Name of Person						
CCS Legal							
	Firm/Company						
908 Pomptor	Ave Unit A2						
	Address						
Cedar Grove	NJ 07009						
	City/State and Zip Code						
katie.bush@c	ceslegal.com						
E-mail	address: (to be used for future annual re	eport notification)					
For further i	nformation concerning this matter, pleas	se call:					
Katie Bush	at	804 304-3653					
	Name of Person	Area Code & Daytime Telephone Number					
Reg Div P.O	iling Address: eistration Section ision of Corporations . Box 6327 lahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					
Enc	losed is a check for the following amo	unt:					
≡ S	25 Filing Fee	☐ \$55 Filing Fee & Certified Copy					

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: Port 55 Apartmen	ts, LLC	<u></u>					
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) RING STREET			
				SPRIN				
	JEFFERSONVILLE, IN 47130	<u> </u>	JEFFERSONVILLE, IN 47130 M23000002069					
	02/15/2023							
3.	Date of filing/registration in Florida	4.		-	Document	number		
5. (a)	CAPITOL CORPORATE SERVICES, INC.							
J. (a)	Registered Agent and Registered Office shown on the records of	the Florid	la Dept.	of State	– e:			
	CAPITOL CORPORATE SERVICES, INC.							
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				-			
	515 EAST PARK AVENUE 2ND FL							
	TALLAHASSEE, FL	32301				1741	2024	
(b)	CCS Global Solutions, Inc.				ĂĹĽAHASSEE, I LURIÑA	2024 MAY 28		
	Enter name of NEW Registered Agent and/or NEW Registered	Office ac	<u>ddress</u> :		_	31 E		in
	CCS Global Solutions, Inc.						PH 12:	Ö
	NEW Registered Office Address:				_	Ê	59	
	155 Office Plaza Drive, 1st Floor				_	سر		
	Tallahassee, FL	32301			_			
change agent v was/w the art	imited 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 lia ere authorized by an affirmative vote of the members o icles of organization or the operating agreement of the Foni Capito	register bility co f the lin limited	ed offi ompan nited li	ce and y, it is ability y com	d the busine s hereby cor y company	ess office nfirmed th	of the re nat the c	egistered hange(s)
	ture of a member or authorized representative of a member		-		Printed or ty	ped name o	f signee	
provisi the obi to mer notifie	by accept the appointment as registered agent and agra ions of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address. I ha d'in writing of this change.	verform	ance o	of my a	luties, and i	l am fami	liar witi	h and accept

Signature of Registered Agent