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Account Name : COMPUTERSHARE Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)694-1639

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2022 JIIL ZO AN 101 UT I DEPARTIENT OF STATE DIVISION OF CORPORATIONS TALLAHASSEE, FLORIDA

LLC REGISTERED AGENT CHANGE PALM BEACH CAPITAL MANAGEMENT VI, LLC

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K. Brumbley

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: PA	LM BEAC	H CAP	ITAL MA	NAGEMENT	VI, LLC		
2. (a)	525 S. FLAGLER DR., STE. 201		(b)	525 S	. FLAGLER	DR., STE.	201	
` '	Principal office address of limited liability c (Note: MUST BE STREET ADDRE		_ (Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	WEST PALM BEACH, FL 33401		_	WEST	PALM BEAC	H, FL 334	01	
	02/23/2023		-	M23000	0002407			
3.	Date of filing/registration in Florid	da	4.	"	Document nun	nber		
5. (a)	C T CORPORATION SYSTEM							
, ,	Registered Agent and Registered Office shown on the	he records of th	he Florida	Dept. of State	- e:			
	1200 SOUTH PINE ISLAND ROA	AD.						
	Registered Office Address (MUST BE FLORID	A STREET A	DDRESS)		•			
	PLANTATION	FI	3332	4	-	,, :) <u>a</u>	
(b)	Corporate Creations Network Inc.				_	ALC:	7073 JUL 2	<u> 3</u>
	Enter name of NEW Registered Agent and/or NEV	V Registered	Office add	<u>1622</u>	-			子さず
	801 US Highway 1					F-3	6 2	
	NEW Registered Office Address.				-		AM II: 37	τ
	North Palm Beach	, FL_	33408	3	_			
change agent v was/we	imited liability company is not organized ur or changes are made, the Florida street add will be identical. Or, in the case of a Florida ere authorized by an affirmative vote of the icles of organization or the operating agreen	lress of the r limited liab members of	egistered bility con the limit	l office and npany, it is ted liability	d the business of hereby confirm y company or a	office of the r med that the	registe chang	ered e(s)
	aitlin Lazarus			•	rus, Attorney	-in-Fact		
Signa	ture of a member or authorized representative of a me	mber	_		Printed or typed r	name of signee		
I here provisi the obli to mere	by accept the appointment as registered age ions of all statutes relative to the proper and ligations of my position as registered agent of elv reflect a change in the registered office of this change	int and agre I complete p as provided address, I hi	e to act t performat for in Cl preby cor	n this capa ace of my a apter 605 afirm that t	icity. I further luties, and I am , F.S. Or, if thi the limited liabi	agree to con 1 familiar wit is document i ility company	iply w th and is bein y has t	ith the accept ig filed been

/s/ Caitlin Lazarus

Caitlin Lazarus, Special Secretary