Florida Department of State

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LLC REGISTERED AGENT CHANGE FIDUCIARY FAMILY OFFICE, LLC

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SEP 1 7 2924

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.	Na	me of the limited liability company: FIDUCIARY	FAMILY	OFFICE, LLC				
2		450 EAGT DALMETTO DADIS DOAD	(b)	150 EAST DALMETTO DADE DOAD				
	(4)	Principal office address of limited liability company:		Mailing address of limited liability company:				
		(Note: MUST BE STREET ADDRESS)		(Note: MAY BE POST OFFICE BOX)				
		SUITE 301		SUITE 301				
		BOCA RATON, FL 33432		BOCA RATON, FL 33432				
		06/05/2023		M23000007262				
3.		Date of filing/registration in Florida	4.	Document number				
5	(a)	MEYERER, TABITHA L						
٥.	(4)	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of State:				
		150 EAST PALMETTO PARK ROAD						
Registered Office Address								
		SUITE 301		~`				
		POCA PATON		2021 S				
		BOCA RATON FI	33432	<u></u>				
	/L\	Corporate Creations Network Inc.		<u> </u>				
	(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office add					
		801 US Highway 1		2:1				
		NEW Registered Office Address:		- N				
		North Palm Beach , FL	33408	3				
cha age wa:	inge mt w s/we	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia- tre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	registered bility core of the limi	I office and the business office of the registered npany, it is hereby confirmed that the change(s) ted liability company or as otherwise provided in				
/s/ Caitlin Lazarus			Cai	tlin Lazarus, Attorney-in-Fact				
Signature of a member or authorized representative of a member Printed or typed name of signee								
pro the to r not	ovișii obli nere ifiea	by accept the appointment as registered agent and agrouns of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I I in writing of this change.	performa d for in Ci iereby coi	nce of my duties, and I am familiar with and accept hapter 605, F.S. Or, if this document is being filed in that the limited liability company has been				
/s/	/s/ Caitlin Lazarus Caitlin Lazarus, Special Secretary							

Signature of Registered Agent