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Division of Corporations

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Account Name : COMPUTERSHARE Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

\*\*Enter the email address for this business entity to be used for fullyre annual report mailings. Enter only one email address please.\*\*;

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## LLC REGISTERED AGENT CHANGE CP HOMES OWNER (FL), L.L.C.

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M. SOLOMON

OCT 2 3 2024

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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.

. (a)	245 Park Avenue, 26th Floor	(	(b) 245 Park Avenue, 26th Floor					
., (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	<del></del>		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)				
	New York, NY 10167		New York, NY 10167					
	12/11/2023		M23000015	5498				
. (a)	Date of filing/registration in Florida C T CORPORATION SYSTEM	4.		Document number				
. (u)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State 1200 SOUTH PINE ISLAND ROAD			e:				
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES	<u>(S)</u>	_	<u>.                                    </u>	20		
	PLANTATION , F	L_33324		_		2024 OCT 23	64 mm 3	
(0)	Corporate Creations Network Inc.			_	2,		6-1344	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u> 801 US Highway 1	<u>d Office #</u>	ddress:			PM 4: 00		
	NEW Registered Office Address:		· · · · · · · · · · · · · · · · · · ·		{ * ,			
	North Palm Beach	33408 L		_				
hange gent w vas/we	mited liability company is not organized under the la or changes are made, the Florida street address of th fill be identical. Or, in the case of a Florida limited I re authorized by an affirmative vote of the members cles of organization or the operating agreement of the	e register iability c of the lir	ed office an ompany, it is nited liabilit	d the business office s hereby confirmed the y company or as other	of the reg	gistered ange(s)	l )	
	atrella Tavarez ure of a member or authorized representative of a member		•	, Attorney-in-Fact				
Signat	are of a member or authorized repressplative of a member			Printed or typed name of	f signee			

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agenty