

5/17/24, 12:59 PM

Division of Corporations

Florida Department of State  
Division of Corporations  
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Division of Corporations  
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2024 MAY 17 PM 3:13  
SUNBLZ, INC., TALLAHASSEE, FLORIDA

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RECEIVED  
2024 MAY 17 PM 1:15FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA**LLC REGISTERED AGENT CHANGE  
1150 BROKEN SOUND LLC**

Certificate of Status	0
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Corporate Filing Menu

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K. SALY

MAY 20 2024

**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. Name of the limited liability company: 1150 Broken Sound LLC

2. (a) 1150 Broken Sound Pkwy NW (b) 1150 Broken Sound Pkwy NW  
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)

Boca Raton, FL 33487

Boca Raton, FL 33487

01/30/2024

M24000001106

3. Date of filing/registration in Florida 4. Document number

5. (a) CORPORATION SERVICE COMPANY

Registered Agent and Registered Office shown on the records of the Florida Dept. of State.

1201 HAYS STREET

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

TALLAHASSEE, FL 32301-2525

(b) C T Corporation System  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:

1200 South Pine Island Road

Plantation, FL 33324

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Kara Korsec

KARA KORSEC, MANAGER

Signature of a member or authorized representative of a member

Printed or typed name of 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.

By: SEAN L. EMERICK, ASSISTANT SECRETARY Sean L. Emerick  
Signature of Registered Agent

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

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2024 MAY 17 PM 3:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA