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PICK-UP	☐ WAIT	MAIL	
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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 812866 8375431

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE: December 5, 2024

ORDER TIME : 11:12 AM

ORDER NO. : 812866-037

CUSTOMER NO: 8375431

CHANGE OF AGENT

NAME: PARAKEET COMMUNITIES, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Shauna Godbolt

EXAMINER'S INITIALS: _____

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

ursuant to the provisions of sections 605.0114 or 605.0116. Florida Statutes, the undersigned limited liability company abmits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

Name of the limited liability company: PARAKEET CO	MMUNITIES, L	.LC
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
2829 BIRD AVE STE 9	2829 BIRD AVE STE 9	
MIAMI, FL 33133	MIAMI, FL 33133	
03/20/2024	M240	00003701
Date of filing/registration in Florida	4.	Document number
(a)		
(a)	he Florida Dept. o	of State:
Registered Office Address (MUST BE FLORIDA STREET 2	(DDRESS)	
7901 4 ST M STE 300		.024 SEC TA
ST PETERSBURG, FL	33702	E L 2024 DEC 11 SECKETAN TALLAHA
		C) The graphy
o)		
Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office address:	9: 30 STATE E. FL
Corporation Service Company		TE 300
NEW Registered Office Address:	•	
1201 Hays Street		
Tallahassee	32301	
e limited liability company is not organized under the law age or changes are made, the Florida street address of the at will be identical. Or, in the case of a Florida limited lia were authorized by an affirmative vote of the members of articles of organization or the operating agreement of the	s of the State registered officiently company of the limited limited limited limited second control of the limited lim	ce and the business office of the registered y, it is hereby confirmed that the change(s) ability company or as otherwise provided in
Austin Berk	Austin Be	rk, Authorized Person
gnature of a member or authorized representative of a member	*	Printed or typed name of signee
reby accept the appointment as registered agent and agressions of all statutes relative to the proper and complete obligations of my position as registered agent as provided erely reflect a change in the registered office address. I have in writing of this change.	ee to act in this performance of for in Chapte ereby confirm	s capacity. I further agree to comply with the f my duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed that the limited liability company has been
ature of Registered Agent e E. Kirby, Asst, Vice President		