## 515038

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## **CT CORP**

## (850) 656- 4724 3458 lakesore Drive Tallahassee, FL 32312

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Thank you!

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

		617.0502, 607.1508, or 617.1508, Florida Statute on organized under the laws of the State of Florida			
		or registered agent, or both, in the State of Florida			
1. The name of	the corporation: YOUNG, BERM	IAN, KARPF & KARPF, P.A.			
		lvd Suite 2150 Ft Lauderdale, FL 33394			
3. The mailing a	ddress (if different):				
4. Date of incorp	poration/qualification: 11/28/199	Document number: S15038			
5. The name and Florida Depart	I street address of the current reg tment of State: (If resigned, ente	istered agent and registered office on file with the resigned)			
	BERMAN, ANDREW S				
	825 Brickell Bay Drive Tower III Suite 1748				
	Miami, FL 33131		20		
Miami, FL 33131  6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  C T Corporation System  1200 South Pine Island Road  P.O. Box NOT acceptable					
	C T Corporation System		FILED HII 21 PH		
	1200 South Pine Island Road				
P.O. Box NOT acceptable					
	Plantation, Florida 33324		· —		
The street addre as changed will	ss of its registered office and th be identical.	e street address of the business office of its regis	tered agent.		
Such change wa authorized by th	s authorized by resolution duly	adopted by its board of directors or by an officer been notified in writing of the change.	: so		
11		Andrew Berman , President			
	col in other or director	Printed or typed name and title			
I hereby accept I further agree t of my duties, and document is heir corporation has CT Corporation	the appointment as registered a o comply with the provisions of I am familiar with and accept ng filed merely to reflect a chan heen notified in writing of this System_	gent and agree to act in this capacity. all statutes relative to the proper and complete pathe obligation of my position as registered agent ge in the registered office address, I hereby confi change.	performance '. Or, if this irm that the		
Rose Song 5.21.2025					
Sign	ature of Registered Agent	Date			
If signing on bet	nalf of an entity:				
	g, Assistant Secretary				
Ty	ped or Printed Name	_			

\* \* \* FILING FEE: \$35.00 \* \* \*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)

By: