I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CLIFFORD J. BOBECK

Electronic Signature of Signing Authorized Person(s) Detail

Entity Name: 3653 NEW REGENT, LLC **Current Principal Place of Business:**

DOCUMENT# L10000093037

3653 REGENT BLVD. SUITE 406 JACKSONVILLE, FL 32224

Current Mailing Address:

PO BOX 551467 JACKSONVILLE, FL 32255 US

FEI Number: 27-3513531

Name and Address of Current Registered Agent:

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

LIPPES MATHIAS LLP 10151 DEERWOOD PARK BLVD BUILDING 300 SUITE 300 JACKSONVILLE, FL 32256 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE	: HELEN S. ATTER		04/23/2024
	Electronic Signature of Registered Agent		Date
Authorized Person(s) Detail :			
Title	MANAGER, AUTHORIZED MEMBER	Title	MANAGER, AUTHORIZED MEMBER
Name	BOBECK, CANDICE E	Name	BOBECK, CLIFFORD J
Address	3101 S. PONTE VEDRA BOULEVARD	Address	3101 S. PONTE VEDRA BOULEVARD
City-State-Zip:	PONTE VEDRA BEACH FL 32082	City-State-Zip:	PONTE VEDRA BEACH FL 32082

Certificate of Status Desired: No

MANAGER

04/23/2024 Date