

Division of Corporations

LO300029150  
Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6383  
From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (954) 208-0845  
Fax Number : (614) 573-3996

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

Email Address: \_\_\_\_\_

LLC REGISTERED AGENT CHANGE  
139TH AVENUE S.W. 8TH STREET, L.L.C.

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STATE OF FLORIDA  
DIVISION OF CORPORATIONS

2022 MAR 28 AM 11:09

APPROVED  
AND  
FILED

2022 MAR 28 PM 4:46

### 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: 139TH AVENUE S.W. 8TH STREET, L.L.C.

2. (a) 139TH AVENUE S.W. 8TH STREET, L.L.C. (b) \_\_\_\_\_

Principal office address of limited liability company:  
*(Note: MUST BE STREET ADDRESS)*

Mailing address of limited liability company:  
*(Note: MAY BE POST OFFICE BOX)*

3193 Oak Avenue

COCONUT GROVE, FL, 33133, US

08/07/2003

L03000029150

3. Date of filing/registration in Florida

4. Document number

5. (a) COGENCY GLOBAL INC.

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

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

115 North Calhoun St. Suite 4

Tallahassee, FL 32301

C T Corporation System

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:

1200 South Pine Island Road

Plantation, FL 33324

APPROVED  
 AND  
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 2022 MAR 28 AM 11:09  
 TALLAHASSEE, FL  
 CLERK OF THE STATE  
 DEPARTMENT OF REVENUE

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.

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: Trentell Kearney  
Signature of Registered Agent Trentell Kearney-Assistant Secretary