12000/6008

(Requestor's Name)						
(Address)						
(Address)						
(City	//State/Zip/Phone	e #)				
PICK-UP	WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	_ Certificates	s of Status				
Special Instructions to Filing Officer:						
2000		_				

Office Use Only



100374988791

TAT LANKSSITE . .

2021 OCT 27 AM 11: 41

2021 OCT 27 MI 5: 13

RECEIVED

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

	ACCOUNT NO.	:	120000000	195		
	REFERENCE	:	159856	7779145		
	AUTHORIZATION	:	Spell &	enan		
	COST LIMIT	:	\$ 25.00			
ORDER DATE : O	ctober 22, 2021	-				
ORDER TIME :	5:22 PM					
ORDER NO. : 1	59856-126					
CUSTOMER NO:	7779145					
CHANGE OF AGENT						
NAME :	RIDGE ROAD AS	SOC	IATES, LLC			
PLEASE RETURN T	HE FOLLOWING AS	PR	OOF OF FIL	ING:		
CERTIFIED COPY XX PLAIN STAMPED COPY						
CONTACT PERSON:	Eyliena Baker	·	EXT#			
			EXAMINER:			

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. 7	Same of the limited liability company:	ASSOCIAT	ES, LLC
2. (a	2020 Salzedo Street, 5th Floor	(b)	2020 Salzedo Street, 5th Floor
2. (a	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0).	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	CORAL GABLES, FL 33134		CORAL GABLES, FL 33134
	12/21/2012	L	12000160080
3. 5. (a	Date of filing/registration in Florida ROMERO, RAFAEL	4.	Document number
٥. (د	Registered Agent and Registered Office shown on the records of 2020 Salzedo Street, 5th Floor	t'the Florida D	ept. of State;
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	2021 SEC
	CORAL GABLES . FI	33134 L	POZI OCT 2 TALLA
·	Enter name of NEW Registered Agent and/or NEW Registered Corporation Service Company NEW Registered Office Address: 1201 Hays Street	d Office addre	
	Tallahassee Fi	L	
chang agent was/v	limited liability company is not organized under the lage or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	e registered iability comp of the limite	office and the business office of the registered pany, it is hereby confirmed that the change(s) and liability company or as otherwise provided in
	Sie & Coni	Jill Cili	mi, Authorized Person
I her provi the oi to me notifi	ature of a member of authorized representative of a member eby accept the appointment as registered agent and agricions of all statutes relative to the proper and complete oligations of my position as registered agent as provide rely reflect a change in the registered office address. I ed in writing of this change. Soc. Linby ure of Registered Agent	ree to act in performanced for in Cha hereby conf	Printed or typed name of signee this capacity. I further agree to comply with the se of my duties, and I am familiar with and accept upter 605, F.S. Or, if this document is being filed irm that the limited liability company has been

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