## US00024433

| (Requestor's Name)                      |                     |                |  |  |
|---|---------------------|----------------|--|--|
| (Address)                               |                     |                |  |  |
| (Address)                               |                     |                |  |  |
| (Cit                                    | y/State/Zip/Phone # | <del>/</del> ) |  |  |
| PICK-UP                                 | ☐ WAIT              | MAIL           |  |  |
| (Business Entity Name)                  |                     |                |  |  |
| (Document Number)                       |                     |                |  |  |
| Certified Copies                        | Certificates o      | of Status      |  |  |
| Special Instructions to Filing Officer: |                     |                |  |  |
|   |                     |                |  |  |
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RECEIVED

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee. FL 32301

Tallhassee, FL 32301 Phone: 850-558-1500

| ACCOUNT NO. : 12000000195                       |  |  |  |  |  |  |
|---|--|--|--|--|--|--|
| REFERENCE : 159856 7779145                      |  |  |  |  |  |  |
| AUTHORIZATION: Sprette the man                  |  |  |  |  |  |  |
| COST LIMIT : \$ 25.00                           |  |  |  |  |  |  |
| ORDER DATE: October 22, 2021                    |  |  |  |  |  |  |
| ORDER TIME : 5:23 PM                            |  |  |  |  |  |  |
| ORDER NO. : 159856-128                          |  |  |  |  |  |  |
| CUSTOMER NO: 7779145                            |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
| CHANGE OF AGENT                                 |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
| NAME: SALZEDO OFFICE, LLC                       |  |  |  |  |  |  |
| NAME: SALZEDO OFFICE, ELC                       |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
| PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: |  |  |  |  |  |  |
| 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. 8  | lame of the limited liability company:  SALZEDO OFF   | , - <b>-</b>                                       | 2020 854   | Wanda Street 5th Floor   |  |
|---|---|--|--|--|--|
| 2. (a)  | 2020 Salzedo Street, 5th Floor  |  | (b) 2020 Salzedo Street, 5th Floor                                 |  |  |
|   | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)   |  | ,  | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)   |  |
|   | CORAL GABLES, FL 33134  | _ <del>_</del>                                     | CORAL G  | GABLES, FL 33134   |  |
|   | 02/09/2015  |  | L15000024  | 4433   |  |
| 3.  | Date of filing/registration in Florida  | 4.   |  | Document number  |  |
| 5. (a   | ROMERO, RAFAEL  |  |  |  |  |
| J. (a   | Registered Agent and Registered Office shown on the records of  | the Florida  | a Dept. of State   | nte:   |  |
|   | 2020 Salzedo Street, 5th Floor  |  |  |  |  |
|   | Registered Office Address (MUST BE FLORIDA STREET   | ADDRESS  | 5)   | 200<br>SE  |  |
|   |   |  |  | 2021 OCT<br>*EGRET/<br>*AT []/   |  |
|   | CORAL GABLES FI   | L_33134  |  | Ci 27  |  |
|   |   |  |  | ÷., ,  |  |
| (b)   | Enter name of NEW Registered Agent and/or NEW Registered  | d Office ad  | dress:   |  |  |
|   |   |  | <del></del> -  | e Tigo e e e e e e e e e e e e e e e e e e e   |  |
|   | Corporation Service Company   |  |  | Ti CO  |  |
|   | NEW Registered Office Address:  |  |  | _  |  |
|   | 1201 Hays Street  |  |  | _  |  |
|   | Tallahassee   | <b>32301</b>                                       |  | _  |  |
| chang<br>agent<br>was/w<br>the an               | limited liability company is not organized under the late 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 cicles of organization or the operating agreement of the | registere<br>ability co<br>of the lim<br>limited l | ed office and<br>impany, it is<br>lited liability<br>liability com | nd the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in appany. |  |
| Sign  | ature of a member or authorized representative of a member  | Jill Cilmi, Authorized Person  Printed or typed    |  | Printed or typed name of signee  |  |
| I here<br>provis<br>the ob<br>to mer<br>notifie | Pby accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide left reflect a change in the registered office address, I d in writing of this change                               | ree to act<br>perform<br>d for in C<br>hereby co   | in this capa<br>ance of my a<br>Thapter 605,<br>onfirm that t      | pacity. I further agree to comply with the   |  |
| Signat  | Drose L.Kuble  ure of Registered Agent  E. Kirby, Asst. Vice President of Corporation Service Company   |  |  |  |  |

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