	(Requestor's Name)						
	(Address)						
	(Address)						
(City/State/Zip/Phone #)							
PICK-UP	WAIT MAIL						
	(Business Entity Name)						
(Document Number)							
Dentified Copies Certificates of Status							
Special Instructions to	o Filing Officer. J. HORNE						
	1, 110°						
	DEC 1 3 2022						
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Office Use Only



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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195						
REFERENCE : 156646 8396831						
AUTHORIZATION: Spelle le man						
COST LIMIT : \$ 25.00						
ORDER DATE : November 23, 2022						
ORDER TIME : 1:51 PM						
ORDER NO. : 156646-035						
CUSTOMER NO: 8396831						
CHANGE OF AGENT						
NAME: MASAVEU 900 G WASHINGTON LLC						
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. N	ame of the limited liability company: MASAVEU 90	0 G WAS	HINGTO	N LLC
2. (a)		(	h)	
-, (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		· ,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	601 Brickell Key Drive Suite 101		601 Br	rickell Key Drive Suite 101
	Miami, FL 33131	<del></del>	Miami,	FL 33131
	12/14/2017		L17000	255549
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	)			
J. (a)	Registered Agent and Registered Office shown on the records of	of the Florid	la Dept. of S	State: Es 🕿
	COGENCY GLOBAL INC.			מצנו בטי
	Registered Office Address (MUST BE FLORIDA STREET	TADDRES.	<u>S)</u>	
	115 N CALHOUN ST STE 4			2022 DEC 12 SECRETARIASSE
	TALLAHASSE . F	32301	•	
	,		_	—
(b)	Enter name of NEW Registered Agent and/or NEW Registere			37
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	ed Office ac	<u>ldress</u> :	9
	Corporation Service Company			
	NEW Registered Office Address:			<del></del>
	1201 Hays Street			
	Tallahassee	32301		
	,	L		<del></del>
change agent was/w the art	limited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited latere authorized by an affirmative vote of the members icles of organization or the operating agreement of the later.	e register liability co of the lin	ed office ompany, i nited liabi	and the business office of the registered it is hereby confirmed that the change(s) ility company or as otherwise provided in
	/S/ JILL CILMI	Jili —	L CILMI,	AUTHORIZED PERSON
_	ature of a member or authorized representative of a member			Printed or typed name of signee
provis. the obi to mer	by 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 providely reflect a change in the registered office address. It in writing of this change.	gree to act e perform ed for in ( hereby co	t in this co ance of n Chapter 6 onfirm the	apacity. I further agree to comply with the wy duties, and I am familiar with and accept 05, F.S. Or, if this document is being filed at the limited liability company has been
12.	Dincotokuble	GRACE	E E. KIRE	BY, ASST. VICE PRESIDENT
Signatu	ire of Registered Agent			