

L21000117860

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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MAR 31 2023

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 622028 8409333

AUTHORIZATION :



COST LIMIT : \$ 25,000

ORDER DATE : March 29, 2023

ORDER TIME : 8:02 AM

ORDER NO. : 622028-005

CUSTOMER NO: 8409333

CHANGE OF AGENT

NAME: BESIFA LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX_____ PLAIN STAMPED COPY

CONTACT PERSON: Alexis Weiland-sorenson -- 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. Name of the limited liability company: BESIFA LLC

2. (a) _____ Principal office address of limited liability company: <i>(Note: MUST BE STREET ADDRESS)</i> <u>2100 PONCE DE LEON BLVD SUITE 860</u> <u>CORAL GABLES, FL 33134</u>	(b) _____ Mailing address of limited liability company: <i>(Note: MAY BE POST OFFICE BOX)</i> <u>2100 PONCE DE LEON BLVD SUITE 860</u> <u>CORAL GABLES, FL 33134</u>
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3. <u>03/12/2021</u> Date of filing/registration in Florida	4. <u>L21000117860</u> Document number
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5. (a) _____
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

AVALON INCORPORATORS LLC
 Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*
2100 PONCE DE LEON BLVD SUITE 860
CORAL GABLES, FL 33134

7/23 MAR 30 PM 2:59

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

Corporation Service Company
NEW Registered Office Address:
1201 Hays Street
Tallahassee, FL 32301

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.

/s/ Beatriz A Martínez Visbal
Signature of a member or authorized representative of a member

Beatriz A Martínez Visbal, Manager
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.

Grace E. Kirby
Signature of Registered Agent

Grace E. Kirby, Asst. Vice President on behalf of Corporation Service Company
 Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
FILING FEE: \$25.00