## 122000/46055

(Re	equestor's Name)	
(Ad	ddress)	<u></u>
(Ac	idress)	<del></del>
(Ci	ty/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Name)	
(D	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fili	ing Officer:	

Office Use Only



500418403445

2023 HOV -3 PM 12: 40

MENELVED



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

CONTACT PERSON: Eyliena Baker -- EXT#

ACCOUNT NO.	. : 12000000195							
REFERENCE	E : 110210 8432187							
AUTHORIZATION	· cynelle Renon							
COST LIMIT	/ N =	2023						
ORDER DATE: November 3, 202  ORDER TIME: 2:49 PM	23	2023 NOV -3						
ORDER NO. : 110210-006		01:21HJ						
		. 40						
CUSTOMER NO: 8432187								
<u>CHANGE OF</u>	AGENT							
NAME: 209 PLAZA HOLDING LLC								
PLEASE RETURN THE FOLLOWING A	AS PROOF OF FILING:							
CERTIFIED COPY  XX PLAIN STAMPED COPY								

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	lame of the limited liability company: 209 PLAZA HC	DLDING	LLC			
2. (a)			(b)			
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		. , .	Mailing address of limited (Note: MAY BE POST		
	2201 SW 145th Ave., Suite 201		;	2201 SW 145th Ave., Suite 201		
	Miramar, FL 33027		- -	Miramar, FL 33027		
	04/28/2022		L	22000176055		
3.	Date of filing/registration in Florida	4.		Document number		
5. (a	)					
<i>5.</i> (u	Registered Agent and Registered Office shown on the records o	f the Flori	ida D	ept. of State:		
	Ness, Eliyahu					
	Registered Office Address (MUST BE FLORIDA STREET	`ADDRE.	<u>SS)</u>			
	2201 SW 145th Ave Suite 201					
	Miramar , F	L 33027	7		20 20	
		`			ODER STORY	- ::
(b)	Enter name of NEW Registered Agent and/or NEW Registere	1.4355			– A0	: -
	Enter name of NEW Registered Agent and/or NEW Registere	d Office a	<u>iaar</u>	<u>ess</u> :	ယ် ည	ř. ;- 
	Corporation Service Company				P# 12: 40	-: n n
	NEW Registered Office Address:				$\overline{\Sigma}$	:
	1201 Hays Street				0 1	
	Tallahassee . F	32301				
chang agent was/w	limited liability company is not organized under the la e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited li- gree authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	ws of the registe iability of the lin	red comp mite	office and the business office o pany, it is hereby confirmed that I diability company or as other	f the registered at the change(s)	
	/s/ Chanie Chriqui			e Chriqui, Manager		
Sign	ature of a member or authorized representative of a member			Printed or typed name of	signee	_
provis the ob to mer	eby accept the appointment as registered agent and ag ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide elv reflect a change in the registered office address, I ed in writing of this change.	performed for in hereby o	nanc Che conf	ce of my duties, and I am famili apter 605, F.S. Or, if this docu arm that the limited liability con	ar with and acce ment is being file npany has been	ie pj ed
, , ,	Drace C-Kuble	GR.	ACI	E E KIRBY, ASST. VICE PRE	SIDENT	
Signati	ure of Registered Agent					