L 22000225925

(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
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DEC 1 - 202?

S. PRATHEI

••		, COVER I	.ETTER• .,
	Registration Section Division of Corporations	,	
•	·		
SUBJEC		·-··	
	N	ame of Limited I.	iability Company
Dear Sir	or Madam:		
The encl	osed Registered Agent/Registered C	Office Change and	fee(s) are submitted for filing.
Please re	eturn all correspondence concerning	this matter to the	following:
Kelly Pe	arl		
	Name of Person		
	Firm/Company		
16796 Be	ernardo Center Drive		
	Address	·	
San Dieg	so, CA 92129		
	City/State and Zip Code	:	<u>—</u>
dhersowi	tz@razilience.com		
E-1	mail address: (to be used for future a	unual report notif	ication)
For furth	er information concerning this matte	cr, please call;	
Kelly Pe	arl	858 at (357-7212
	Name of Person		Area Code & Daytime Telephone Number
 	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Fallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
I	Enclosed is a check for the following	ng amount:	Tallahassee, FL 32303
	■ \$25 Filing Fee	•	55 Filing Fee & Certified Copy

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.

. (a)		(ł	o)	
ř	Principal office address of limited liability company: (Nate: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	2665 Bayshore Drive, Unit 220-95		2665 Bay	yshore Drive, Unit 220-95
	Miami, FL 33133		Miami, F	L 33133
	May 13, 2022		1,2200022:	5925
	Date of filing/registration in Florida	4.		Document number
i. (a)				
	Registered Agent and Registered Office shown on the records of	of the Florid:	a Dept. of St	ate:
	Dale Hersowitz			
	Registered Office Address (MUST BE FLORIDA STREET	T ADDRESS	<u>5)</u>	
	5020 SW 75th Street			
	Miami	. 33143		_
	Miami	·1		
(b)				202
(0)	Enter name of NEW Registered Agent and/or NEW Registered	ed Office ad	ldress:	2022 AUG
				76.2
	NEW Registered Office Address:			350
	1666 79th Street Causeway, Unit 500			2 AM III: J
				10. 10
	North Bay Village , F	L_33141		
iange gent v as/w	imited 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 lere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	ne registere liability co of the lim e limited l	ed office a ompany, it tited liabili	nd the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided i
	ture of a member or authorized representative of a member			Printed or typed name of signee
Siena				

Signature of Registered Agent