L23000192639

((Requestor's Name)
	(Address)
`	(1001000)
((Address)
	(City/State/Zip/Phone #)
,	(CRYState/Zip/Filone #)
PICK-UP	WAIT MAIL
	(Business Entity Name)
`	(Substitution)
((Document Number)
Certified Copies	Certificates of Status
Special Instructions to I	Filing Officer:
<u> </u>	

Office Use Only



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2029 NOV-3 PH 4: 06
DIVISION TEFICE

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

	ACCOUNT NO.	:	12000000)195	
	REFERENCE	:	110210	8432187	
	AUTHORIZATION	:	Synell	Elenan	,
	COST LIMIT	:	\$ 25.00	ner	
ORDER DATE :	November 3, 2023				
ORDER TIME :	2:49 PM				
ORDER NO. :	110210-007				
CUSTOMER NO:	8432187				
				. 	
	CHANGE OF A	GENT	<u>r</u>		
NAME:	215 PLAZA HOLI	DINC	G LLC		
PLEASE RETURN	THE FOLLOWING AS	PRO	OF OF FIL	ING:	
CERTII	FIED COPY				
XX PLAIN	STAMPED COPY				

EXAMINER:

CONTACT PERSON: Eyliena Baker -- EXT#

* 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. Na	ame of the limited liability company: 215 PLAZA H	OLDING L	LC				
2 (a)		(h	.)				
~. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				•	
	2201 SW 145th Ave., Suite 201	2201 SW 145th Ave., Suite 201					
	Miramar, FL 33027		Mirama	r, FL 33027			
	04/18/2023		L230001	192639			
3.	Date of filing/registration in Florida	4.		Document nu	mber	-	
E (-)							
5. (a)	Registered Agent and Registered Office shown on the records	of the Florida	Dept. of St	 tate:			
	GAD, ALBERT		•				
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS	')	<u> </u>			
	9601 COLLINS AVENUE PH104		<u> </u>				
	BAL HARBOUR	33154 FL_			TĂLL	2023 NOV -3	
					ΛH.	NO N	i
(b)					155	<u>ل</u> ى	1
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	ed Office ad	dress:		ш. Ш.		1
	Corporation Service Company				ÄLLAHASSEE FLORID	PM ::	Ü
	NEW Registered Office Address:				<u> </u>	55	
	1201 Hays Street			_	>		
	Tallahassee	92301					
10.1 1			C CI			1	. 6
change agent v was/we	imited liability company is not organized under the lear changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the members cles of organization or the operating agreement of the	he registere liability co s of the lim	d office a mpany, it ited liabil	and the business is hereby confir lity company or	office of the of the office of	ne regis he char	stered ige(s)
	/s/ Chanie Chriqui	Cha	nie Chriqi	ui, Manager			
	ture of a member or authorized representative of a member			Printed or typed	l name of sign	nee	
I herei provisi the obl to mere notified	by accept the appointment as registered agent and a ons of all statutes relative to the proper and complet igations of my position as registered agent as provid the reflect a change in the registered office address, Lin writing of this change.	gree to act le performa led for in C I hereby co	in this ca nice of my hapter 60 nfirm tha	pacity. I further y duties, and I ar 95, F.S. Or, if th tt the limited liah	r agree to c in familiar is docume bility comp	comply with an nt is be any ha.	with the id accept ing filed s been
	Chace C. Kuby re of Registered Agent	GRA	CE E KIF	RBY, ASST. VI	CE PRESI	DENT	