## M15000008911

(Requestor's Name)  (Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certificates of Status  Special Instructions to Filing Officer:							
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certificates of Status	(Requestor's Name)						
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certificates of Status							
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Address)						
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PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Address)						
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PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(City/State/Zip/Phone #)						
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(Document Number)  Certified Copies Certificates of Status	PICK-UP WAIT MAIL						
(Document Number)  Certified Copies Certificates of Status							
(Document Number)  Certified Copies Certificates of Status	(D. Janes Farin Manua)						
Certified Copies Certificates of Status	(Business Entity Name)						
Certified Copies Certificates of Status							
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Special Instructions to Filing Officer:	Certified Copies Certificates of Status						
Special Instructions to Filing Officer:							
	Special Instructions to Filing Officer						
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Office Use Only



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2022 NOV 29 PILI2: 42

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2022 NOV 29 PH 3: 53

A. BUTLER NOV 3 0 2022 CORPORATION SERVICE COMPANY

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

ACCOUNT NO. : 12000000195						
REFERENCE : 156646 8396831						
AUTHORIZATION: Synellike mar.						
COST LIMIT : \$ 25.00						
ORDER DATE: November 23, 2022						
ORDER TIME : 2:20 PM						
ORDER NO. : 156646-005						
CUSTOMER NO: 8396831						
CHANGE OF AGENT						
NAME: COURVOISIER CENTRE, LLC						
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:  CERTIFIED COPY						
XX PLAIN STAMPED COPY						
CONTACT PERSON: Eyliena Baker						
EXAMINER'S INITIALS:						

## 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. 8	dame of the limited liability company: COURVOISIEF	R CENT	RE, LLC 		
2. (a)			(b)		
()	Principal office address of limited liability company: ( <u>Note: MUST BE STREET ADDRESS</u> )	_	(=)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	601 BRICKELL KEY DR 101		601 BR	ICKELL KEY DR 101	
	MIAMI, FL 33131-2652		MIAMI,	FL 33131-2652	
	11/05/2015		M150000	008911	
3.	Date of filing/registration in Florida	<b>-</b> 4.		Document number	
5. (a	)				
- (	Registered Agent and Registered Office shown on the records of	the Flori	ida Dept. of St	tate:	
	Masaveu & CO Management Real Estate US LLC				
	Registered Office Address (MUST BE FLORIDA STREET	ADDRE	SS)	70	
	601 Brickell Key Dr. 101			22 H	
	MIAMI, FI			2022 NOV 29	
		·- <u></u>	-	,	
(b)					
	Enter name of NEW Registered Agent and/or NEW Registered	d Office :	<u>address</u> :	PH12: 42	
	Corporation Service Company	- 2 - 2			
	NEW Registered Office Address:	- <del>-</del>			
	1201 Hays Street			<del>_</del>	
	Tallahassee	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- vere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the /S/Jill Cilmi	e registe ability of of the li e limited	red office a company, it mited liabil Hiability co	ind the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in	
Signature of a member or authorized representative of a member			Printed or typed name of signee		
provis the ob to met	eby accept the appointment as registered agent and agricons of all statutes relative to the proper and complete digations of my position as registered agent as provide rely reflect a change in the registered office address. It is writing of this change.	perform d for in hereby	nance of my Chapter 60 confirm tha	pacity. I further agree to comply with the valuties, and I am familiar with and accept 05, F.S. Or, if this document is being filed at the limited liability company has been by, ASST. VICE PRESIDENT	
Signat	ure of Registered Agent				