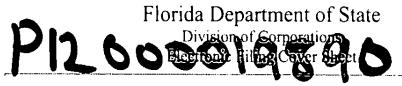
Division of Corporations



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Division of Corporations

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Account Name : COMPUTERSHARE Account Number : 110432003053 Phone : (561)694-8107

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Enter the email address for this business entity to be used for future $\stackrel{\sim}{\Omega}$ annual report mailings. Enter only one email address please.

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CINGTI	MUGIESS.	

REGISTERED AGENT CHANGE ADVENIR@SAN TROPEZ GP, INC.

Certificate of Status	0
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Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cho	nge is submitted for a corporation	617.0502, 607.1508, or 617.1508, Florida Statutes, this on organized under the laws of the State of Florida	
	•	or registered agent, or both, in the State of Florida.	
1. The name of	the corporation: ADVENIR@SA	VIROPEZ GP, INC.	
2. The principal	office address: 17501 BISCAYNI	EBLVD., SUITE 300, AVENTURA, FL 33160	
3. The mailing a	address (if different):		
4. Date of incor	poration/qualification: 02/28/201.	Document number: P12000019890	
	d street address of the current regi rtment of State: (If resigned, enter	istered agent and registered office on file with the resigned)	
	KO Lawyers	725 /	
	221 S Andrews Avenue	2025 AUG - 6 F	: (23 (18
	FORT LAUDERDALE, FL 3330	SSE PI	
6. The name and (if changed):	d street address of the new registe	red agent (if changed) and /or registered office	
	Corporate Creations Network Inc.		
	801 US Highway I		
		P.O. Box NOT acceptable	
	North Palm Beach, FL 33408		
The street address changed will	ess of its registered office and the be identical.	e street address of the business office of its registered age	ent,
Such change wa authorized by the	as authorized by resolution duly ne board, or the corporation has	adopted by its board of directors or by an officer so been notified in writing of the change.	
Horney To		Teresa Temple, Attorney-in-Fact	
-	re of an officer or director	Printed or typed name and title	_
l further agree of my duties, an document is bei corporation has	to comply with the provisions of of l am familiar with and accept ing filed merely to reflect a chan s been notified in writing of this	gent and agree to act in this capacity. all statutes relative to the proper and complete performe the obligation of my position as registered agent. Or, if ge in the registered office address, I hereby confirm that change.	nce this the
Tourse	Page C. nature of Registered Agent	08/06/2025	
Sig	nature of Registered Agent	Date	_
If signing on be	half of an entity:		
By: Teresa Temp	ole, Special Secretary		
ī	yped or Printed Name	_	

* * * FILING FEE: \$35.00 * * *