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(Requestor's Name)					
(Address)					
(Address)					
(Cit	ty/State/Zip/Phone	÷#)			
PIÇK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	of Status			
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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500 ACCOUNT NO. : 12000000195 REFERENCE : 583464 / 8373818 AUTHORIZATION COST LIMIT : \$ 25.00 ORDER DATE: March 31, 2022 ORDER TIME : 3:10 PM ORDER NO. : 583464-029 CUSTOMER NO: 8373818 CHANGE OF AGENT NAME: BRUNFELSIA TWELVE - ASIALTS LLCPLEASE RETURN THE FOLLOWING AS PROOF OF FILING: __ CERTIFIED COPY XX PLAIN STAMPED COPY

EXAMINER: ____

}

CONTACT PERSON: Alexxis Weiland -- 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: BRUNFELSIA T	WELV	′E - AS	SIALTS I	LC ,
2. (a)					
` '	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	`	M	ailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	701 BRICKELL AVENUE STE 2100		70 ·	1 BRICK	ELL AVENUE STE 2100
	MIAMI, FL 33131	_	MI	AMI, FL	33131
	08/01/2017		L17(0001640	73
3.	Date of filing/registration in Florida	4.	-	Γ.	Document number
5. (a)					·
()	Registered Agent and Registered Office shown on the records of the	ne Flori	da Dept	. of State:	
	CORPORATE CREATIONS NETWORK INC.				26
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
	801 US HIGHWAY 1				10 m
	NORTH PALM BEACH	33408			<u>i</u>
	, rL				
(b)					
(0)	Enter name of NEW Registered Agent and/or NEW Registered (Office a	iddress:		
					
	Corporation Service Company				
	NEW Registered Office Address:				
	1201 Hays Street				
	Tallahassee FL	32301			
change agent v was/we	imited liability company is not organized under the law or changes are made, the Florida street address of the rivill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	egiste oility o the li- imited	red off compar mited l liabili	Tice and ny, it is fliability ty comp	the business office of the registered nereby confirmed that the change(s) company or as otherwise provided in any.
	antiago Ulloa ture of a member or authorized representative of a member	Sa —	intiago		Manager
I heres provisi the obl to mere notified Signatu	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided ely reflect a change in the registered office address. I he if in writing of this change.	ertorn	папсе в	is capac of my du	ities, and Lam familiar with and accept-
Grace	E. Kirby, Asst. Vice President Division of Corporations P.O. B	ov 63.)7 ≞ Ta	Habaer	na El 3731.1
	initiated of Corporations F.O. D	U.S. U.J.A	. / 🕶 🗆 2	1114114351	LE, I L. J4J14

FILING FEE: \$25.00