MIS 600001846

(Requestor's Name)						
	(Address)					
'	(Address)					
(Address)						
	(City/State/Zip/Phone #)	-				
PICK-UP	WAIT	MAIL				
_	_	_				
	(Business Entity Name)					
	(Decument Number)					
	(Document Number)					
Certified Copies	_ Certificates of St	tatus				
Special Instructions to Filing Officer:						
	-					
<u> </u>						

Office Use Only



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2022 OCT 13 FM 3: 31

2022 OCT 13 AH11: 2

A. BUTLER OCT 14 2022

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

ACCOUNT NO. : I2000000195					
REFERENCE : 024016 8334108					
AUTHORIZATION:					
COST LIMIT : \$ 25.00					
ORDER DATE: October 12, 2022					
ORDER TIME : 1:30 PM					
ORDER NO. : 024016-028					
CUSTOMER NO: 8334108					
CHANGE OF AGENT					
NAME: 80 NORTHWEST REALTY, LLC					
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:					
CERTIFIED COPY XX PLAIN STAMPED COPY					
CONTACT PERSON: Evliena 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.

I. N	ame of the limited liability company: 80 NORTHWE	EST REAI	_TY, LLC		
2. (a)	C/O MANA WYNWOOD	1	(b) C/O MANA WYNWOOD		
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	318 NW 23RD ST.		318 NW 2	23RD S1.	
	MIAMI, FL 33127		MIAMI, FI	L 33127	
	03/10/2015		M1500000	1846	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)					
5. (a)	Registered Agent and Registered Office shown on the records of	of the Floric	la Dept, of State	- e: ~~~	
	Chung, Jay			2022 OCT	
	Registered Office Address (MUST BE FLORIDA STREE	TADDRES	S)	- 8 3	
	318 NW 23RD ST.			$\frac{1}{\omega}$	
	MIAMI	33127		- re se	
		L		AHII: 23	
(b)				23 All	
(-)	Enter name of NEW Registered Agent and/or NEW Register	ed Office <u>a</u>	ddress:	- : -	
	Corporation Service Company				
	NEW Registered Office Address:			-	
	1201 Hays Street				
				-	
	Tallahassee , F	32301			
change agent v was/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 lare authorized by an affirmative vote of the members icles of organization or the operating agreement of the	ne register liability c of the lir	ed office and ompany, it is nited liability	d the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in	
			ishe Mana, <i>i</i>	Authorized Person	
Signa	ture of a member or authorized representative of a member			Printed or typed name of signee	
provisi the obi to mer	by accept the appointment as registered agent and agions of all statutes relative to the proper and complet igations of my position as registered agent as providely reflect a change in the registered office address, if in writing of this change.	gree to ac e perform ed for in I hereby c	t in this capa vance of my a Chapter 605 onfirm that t	icity. I further agree to comply with the luties, and I am familiar with and accept , F.S. Or, if this document is being filed he limited liability company has been	
Signatu	re of Registered Agent				

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00