M19000000134

(Requestor's Name)						
(Address)						
(Address)						
	(On (Chang Gira Div. 41)					
(City/State/Zip/Phone #)						
PICK-UF	WAIT MAIL					
_						
-	(Business Entity Name)					
(Document Number)						
Certified Copies	Certificates of Status					
Special Instructions to Filing Officer:						
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CORPÓRATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195					
REFERENCE : 024016 8334108					
AUTHORIZATION: Signella le ma					
COST LIMIT : \$ 25.00					
ORDER DATE : October 12, 2022					
ORDER TIME : 1:26 PM					
ORDER NO. : 024016-007					
CUSTOMER NO: 8334108					
CHANGE OF AGENT					
NAME: 133-139 EAST FLAGLER REALTY, 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. N	ame of the limited liability company: 133-139 EAS	ΓFLAGLE	R REALTY, LLC		
			b) C/O MANA WYNW	OOD	
2. (u)	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 23RD ST	D ST	
	MIAMI, FL 33127		MIAMI, FL 33127		
	01/22/2019		M19000000734		
3.	Date of filing/registration in Florida	4.	Document	t number	
5. (a)					
J. (u)	Registered Agent and Registered Office shown on the records of	of the Florid	a Dept. of State:	20	
	CHUNG, JAY			DOZZ OCT 13 SECRETARY	
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRES	<u>S)</u>		
	318 NW 23RD ST			三	
	MIAMI I	33127		TANY OF SIGH	
(b)			<u></u>	∺ ப	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	ed Office ac	<u>ldress</u> :		
	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 le or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	ne register liability co s of the lin	ed office and the busin ompany, it is hereby conited liability company	ess office of the registered onfirmed that the change(s)	
	oishe Mana	Мо	ishe Mana, Authorized	Person	
Signa	ture of a member or authorized representative of a member		Printed or t	yped name of signee	
provisi the obi to mer notifie	hy accept the appointment as registered agent and agions of all statutes relative to the proper and complet ligations of my position as registered agent as proviaely reflect a change in the registered office address, and in writing of this change.	gree to act e perform led for in (I hereby c	t in this capacity. I fur ance of my duties, and Chapter 605, F.S. Or, onfirm that the limited	ther agree to comply with the I am familiar with and accept if this document is being filed liability company has been	
	es tokuble				
Signatu	re of Registered Agent				

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

Grace E. Kirby, Asst. Vice President