L16000 212280

(Req	questor's Name)
(Add	dress)
	ress)
(Add	11033
(City	//State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bus	siness Entity Name)
(555	Entry (value)
(Doc	cument Number)
Certified Copies	Certificates of Status
Special Instructions to Filin	ng Officer:

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2022 OCT 13 PM 3: 27

2022 OCT 13 AM 10: 03

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee. FL 32301

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195					
REFERENCE : 024016 8334108					
AUTHORIZATION Smelhele Red					
COST LIMIT : \$ 25.00					
ORDER DATE : October 12, 2022					
ORDER TIME : 1:29 PM					
ORDER NO. : 024016-021					
CUSTOMER NO: 8334108					
CHANGE OF AGENT					
NAME: 3205 MANA CASA, LLC					
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:					
CC CERTIFIED COPY PLAIN STAMPED COPY					
CONTACT PERSON: Eyliena Baker EXT#					

EXAMINER:

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: 3205 MANA C	CASA, LLC	_	•		
2. (a)	,	(b	C/O M MANAGEMENT, INC.			
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0	Mailing addr	ess of limited liability company: 4Y BE POST OFFICE BOX)		
	318 NW 23RD STREET		215 COLES STREE	Т		
	MIAMI, FL 33127		JERSEY CITY, FL 0	7310		
	11/21/2016		L16000212280			
3.	Date of filing/registration in Florida	— 4.	Document	number		
5. (a)				S 28		
5. (a)	Registered Agent and Registered Office shown on the records of Chung. Jay	of the Florida	Dept. of State:	TALLS		
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					
	318 N.W. 23 STREET			SSE A THE		
	Miami F	33127		ANIO: 03		
(b)	Enter name of NEW Registered Agent and/or NEW Registered	ed Office add	resa:	F! 3		
	Corporation Service Company					
	NEW Registered Office Address:					
	1201 Hays Street					
	Tallahassee, F	L 32301				
agent v was/we the arti	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 learn authorized by an affirmative vote of the members icles of organization or the operating agreement of the pishe Mana	e registered liability con of the limited lia	I office and the busing apany, it is hereby co- ted liability company ability company. the Mana, Authorized	ess office of the registered nfirmed that the change(s) or as otherwise provided in		
l herei provisi the obl to mere	by accept the appointment as registered agent and agins of all statutes relative to the proper and complete igations of my position as registered agent as providely reflect a change in the registered office address, I d in writing of this change.	gree to act i e performan ed for in Cl hereby con	n this canacity. I find	har garge to comply with the		

Grace E. Kirby, Asst. Vice President
Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

Mace C-Kuby Signature of Registered Agent