

	(Requestor's Name)				
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(City/State/Zip/Phone #)					
PICK-UF	WAIT MAIL				
	(Business Entity Name)				
	(Document Number)				
Certified Conies	Certificates of Status				
					
Special Instructions to Filing Officer:					

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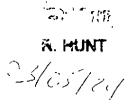
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ANTISTATE

TO STATE OF STATE

TO S





CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 347788 8072433

AUTHORIZATION :

COST LIMIT : \$ 35.00

ORDER DATE: March 1, 2024

ORDER TIME : 11:36 AM

ORDER NO. : 347788-005

CUSTOMER NO: 8072431

CHANGE OF AGENT

NAME: BRICKELL BAHAMAS, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Amanda Miller -- EXT#

EXAMINER:

COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: BRICKELL BAHAMAS, INC. Name of Corporation DOCUMENT NUMBER: P20000083854 The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing. Please return all correspondence concerning this matter to the following: E-mail address: (to be jised for future annual report notification) For further information concerning this matter, please call: Enclosed is a \$35.00 check made payable to the Department of State. Mailing Address: Street Address: Amendment Section Amendment Section

Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E045 (04/13)

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

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

statement of cha	provisions of sections 607.0502, 617. unge is submitted for a corporation of	rganized under the laws of the	State of
	r to change its registered office or re		State of Florida.
1. The name of t	the corporation: BRICKELL BAHAMA	45, INC.	
2. The principal	office address: 9950 NW 17th Street	t, Ste 102 Doral, FL 33172	
3. The mailing a	address (if different):		
4. Date of incorporation/qualification: 10/19/2020 Document number: P20000083854			
5. The name and	d street address of the current register trnent of State: (If resigned, enter res	ed agent and registered office	on file with the
	Dinnall Fyne & Company Inc.		
	1515 N University Dr #114		
	Coral Springs, FL 33071		22 22 32 33 34 35 36 36
6. The name and (if changed):	l street address of the new registered	agent (if changed) and /or regi	Stered office
	Corporation Service Company	· · · · · · · · · · · · · · · · · · ·	AM II: 07
	1201 Hays Street		O7
		D. Box NOT acceptable	
	Tallahassee	FL 32301	
The street addre	ess of its registered office and the str be identical.	reet address of the business of	ffice of its registered agent,
Such change wa authorized by th	as authorized by resolution duly ado ne board or the corporation has been	pted by its board of directors in notified in writing of the cha	or by an officer so ange.
		Sebatian Batian, CEO	
Signatu	re of an officer or director	Printed or typed	name and title
of my duties, an document is beil corporation has	the appointment as registered agent to comply with the provisions of all d I am familiar with and accept the ng filed merely to reflect a change is been notified in writing of this change.	t and agree to act in this cape statutes relative to the proper obligation of my position as i in the registered office addres nge.	ncity. · and complete performance · registered agent. Or, if this s, I hereby confirm that the
	nature of Registered Agent	Date	<u> </u>
If signing on be	half of an entity:		
	yped or Printed Name		

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