that my name appears above, or on an attachment with all other like empowered. SIGNATURE: LILIAN LIU CARDENAS

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

	, , , , , , , , , , , , , , , , , , , ,	J	J., ,					
SIGNATURE	: LILIAN LIU CARDENAS			06/03/2022				
	Electronic Signature of Registered Agent			Date				
Authorized Person(s) Detail :								
Title	MGR	Title	MANAGER					
Name	LIU CARDENAS, LILIAN	Name	LIU CZARCINSKI, JULIANA					
Address	335 S. BISCAYNE BLVD #UPH09	Address	335 S. BISCAYNE BLVD #UPH09					
City-State-Zip:	MIAMI FL 33131	City-State-Zip:	MIAMI FL 33131					

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and

Current Principal Place of Business:

Entity Name: UNIVERSITY INN 1403, LLC

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

335 S. BISCAYNE BLVD #UPH09 MIAMI, FL 33131

Current Mailing Address:

DOCUMENT# L09000065253

335 S. BISCAYNE BLVD #UPH09 MIAMI, FL 33131 US

FEI Number: 27-0641316

Name and Address of Current Registered Agent:

LIU CARDENAS, LILIAN 335 S. BISCAYNE BLVD #UPH09 MIAMI, FL 33131 US

FILED

Certificate of Status Desired: No

MANAGING AGENT

06/03/2022

Electronic Signature of Signing Authorized Person(s) Detail

Jun 03, 2022 Secretary of State 9686762679CC