SIGNATURE: Electronic Signature of Registered Agent

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.

Authorized Person(s) Detail :			
Title	MGR	Title	MGR
Name	GONZALEZ, FRANK	Name	GONZALEZ, MARIA A
Address	PO BOX 450917	Address	PO BOX 450917
City-State-Zip:	MIAMI FL 33245	City-State-Zip:	MIAMI FL 33245

Current Mailing Address:

Entity Name: 2485 DUPLEX, LLC

Current Principal Place of Business:

PO BOX 450917 MIAMI, FL 33245 US

3401 NORTH MIAMI AVENUE

SUITE 209 MIAMI, FL 33127

FEI Number: 47-2092477

Name and Address of Current Registered Agent:

GONZALEZ, FRANK 3401 NORTH MIAMI AVENUE SUITE 209 MIAMI, FL 33127 US

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

that my name appears above, or on an attachment with all other like empowered.

MGR

SIGNATURE: FRANK GONZALEZ

Electronic Signature of Signing Authorized Person(s) Detail

FILED Feb 24, 2020 Secretary of State 6229155093CC

Certificate of Status Desired: No

Date