| (Requestor's Name) | | |
|-----------------------------------------|--|--|
| (Address) | | |
| (Address) | | |
| (City/State/Zip/Phone #) | | |
| PICK-UP WAIT MAIL | | |
| (Business Entity Name) | | |
| (Decurred Number) | | |
| (Document Number) | | |
| Certified Copies Certificates of Status | | |
| Special Instructions to Filing Officer: | | |
| | | |
| Q. SILAS | | |
| MAY 1.1 2622 | | |
| | | |

Office Use Only



800383819378

2022 MAY 10 PM 2: 45

| CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500 | | | | |
|-------------------------------------------------------------------------------------------------|--|--|--|--|
| ACCOUNT NO. : 120000000195 REFERENCE : 665086 18377919 AUTHORIZATION : COST LIMIT : \$ 35.00 | | | | |
| ORDER DATE: May 9, 2022 | | | | |
| ORDER TIME : 9:48 AM | | | | |
| ORDER NO. : 665786-005 | | | | |
| CUSTOMER NO: 8377919 | | | | |
| CHANGE OF AGENT | | | | |
| NAME: BRICKELL KEY MASTER ASSOCIATION, INC. | | | | |
| PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: | | | | |
| CERTIFIED COPY XX PLAIN STAMPED COPY | | | | |

EXAMINER:

CONTACT PERSON: Alexxis Weiland -- EXT#

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

| statement of cha | nge is submitted for a corpo | 202, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ration organized under the laws of the State of Florida The control of the State of Florida is a second or second |
|--------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. The name of t | he corporation: BRICKELL | KEY MASTER ASSOCIATION, INC. |
| | | Key Drive, Suite 505, Miami, FL 33131 |
| 3. The mailing a | ddress (if different): | |
| 4. Date of incorp | poration/qualification: Dece | mber 7, 1981 Document number: 760954 |
| | street address of the current tment of State: (If resigned, | registered agent and registered office on file with the enter resigned) |
| | Jayme, Halli | |
| | 98 SE 7th Street, Suite 50 | 0 |
| | Miami | FL 33131 |
| 6. The name and (if changed): | street address of the new re | gistered agent (if changed) and /or registered office TARY 10 PM 2: P.O. Box NOT acceptable FL 32301 |
| | Corporation Service Comp | pany 10 |
| | 1201 Hays Street | Sp. P |
| P.O. Box NOT acceptable | | |
| | Tallahassee | FL 32301 5 |
| The street addre | ss of its registered office ar be identical. | nd the street address of the business office of its registered agent, |
| Such change was authorized by the | s authorized by resolution e koard, or the corporation | duly adopted by its board of directors or by an officer so has been notified in writing of the change. |
| Signatur | of the officer of director | Maile Aguila V.P. |
| corporation nas | the appointment as register of comply with the provision of am familiar with and act of filed merely to reflect a been notified in writing of a Service Company | red agent and agree to act in this capacity. 1s of all statutes relative to the proper and complete performance cept the obligation of my position as registered agent. Or, if this change in the registered office address. Thereby confirm that the |
| By: Kindrey 1 | M Baronie | 05/09/2022 |
| (51gr Lindsey M. Baroni | nature of Registered Agent c, Assistant Vice President | Date |
| If signing on bel | half of an entity: | |
| т. | med or Printed Name | |

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)