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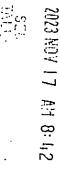
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Special Instructions to Filing Officer:
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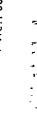
Office Use Only



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11/17/23--01030--002 **25.00





COVER LETTER

TO:	Registration Section Division of Corporations							
SUBJI	3801 NW 2ND AVE., LLC ECT:							
		lame of Limited L	Liability Company					
Dear S	ir or Madam:							
The en	closed Registered Agent/Registered C	Office Change and	I fee(s) are submitted for filing.					
Please	return all correspondence concerning	this matter to the	following:					
JUAN	E. RODRIGUEZ							
	Name of Person		_					
	Firm/Company							
4000 P	ONCE DE LEON BOULEVARD, SUITI	€ 470						
	Address							
CORA	L GABLES, FL 33146							
	City/State and Zip Code	3						
JRODE	RIGUEZ@SKDRLAW.COM							
E	-mail address: (to be used for future a	innual report notif	fication)					
For fu	ther information concerning this matt	er, please call:						
JUAN	E. RODRIGUEZ	305 at (379-1681					
	Name of Person		Area Code & Daytime Telephone Number					
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					
	Enclosed is a check for the followi	ng amount:						
	\$25 Filing Fee	□ \$	555 Filing Fee & Certified Copy					
INHS1	8 (2/14)							

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.

(a)	333 NE 24TH STREET, SUITE 209		(b) 333	3 NE 24TH STR	EET, SUITE 209		
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(=)	-	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	MIAMI, FL 33137		ML	AMI, FL 33137			
	06/09/2003		L030	000021325			
	Date of filing/registration in Florida	4.		Docume	ent number		
(a)	JUAN E. RODRIGUEZ						
\ -/	Registered Agent and Registered Office shown on the records of the Florida Dept. of State 80 SW 8TH STREET, SUITE 2550						
(b)	Registered Office Address (MUST BE FLORIDA STREET	<u>ADDRE</u>	<u>SS)</u>		2023 NOV SEC: TALL 7.1.	4 2,2,	
	MIAMI , FI	_33130			0V 17		
	JUAN E. RODRIGUEZ				<u> </u>	1	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	l Office :	ddress:	•	., <u>e</u>	ζ"	
	4000 PONCE DE LEON BOULEVARD, SUITE 470				. 24		
	NEW Registered Office Address:						
	CORAL GABLES , FI	33146					
nge nt w s/we arti	imited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited libere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the limited liberal with the limited liberal limited by the limited liberal liber	registe ability of of the li limited	red off compar mited Liabili	fice and the bus ny, it is hereby liability compa ity company.	siness office of the re confirmed that the cl	gistered nange(s)	
<u>ــا</u> ــ	are of a mambar or authorized representative of a mambar	7-	- () 1	Deinted o	or typed name of signee	-	

Division of Corporations ◆ P.O. Box 6327 ◆ Tallahassee, FL 32314 FILING FEE: \$25.00

notified in writing of this change.

Signature of Registered Agent