L0900	2097271
(Requestor's Name) (Address) (Address)	200374550502
(City/State/Zip/Phone #)	ENTRE MURRESTATE
Certified Copies Certificates of Status	PECEIVEN 2021 OCT 26 PH 3: 35 AU ARASSET
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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

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ACCOUNT NO. : I2000000195

REFERENCE : 159856 7779145 FORTZATION : Sprender and AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE : October 22, 2021

ORDER TIME : 3:0 PM

ORDER NO. : 159856-054

CUSTOMER NO: 7779145

CHANGE OF AGENT

NAME: CODINA PARTNERS, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER:

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.

I. N	ame of the limited liability company:		
2. (a)	2020 Salzedo Street, 5th Floor		(b) 2020 Salzedo Street, 5th Floor
ζ,	Principal office address of limited liability company: (<i>Note: MUST BE STREET ADDRESS</i>)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	CORAL GABLES, FL 33134		CORAL GABLES, FL 33134
	10/08/2009		L09000097271
.	Date of filing/registration in Florida	4.	Document number
5. (a)	ROMERO, RAFAEL G		
	2020 Salzedo Street, 5th Floor		rida Dept. of State:
	2020 Salzedo Street, 5th Floor Registered Office Address (MUST BE FLORIDA STREET CORAL GABLES, F		<u></u>
(b)	Registered Office Address (MUST BE FLORIDA STREET	ADDRES	<u></u>
(b)	Registered Office Address (MUST BE FLORIDA STREET CORAL GABLES . F Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	<u>ADDRES</u>	4 address;
(b)	Registered Office Address <u>(MUST BE FLORIDA STREET</u> CORAL GABLES, F	<u>ADDRES</u>	4 address;
(b)	Registered Office Address (MUST BE FLORIDA STREET CORAL GABLES , F Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> Corporation Service Company <u>NEW</u> Registered Office Address:	<u>ADDRES</u>	4 address;
(b)	Registered Office Address (MUST BE FLORIDA STREET CORAL GABLES . F Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> Corporation Service Company	<u>ADDRES</u>	4 address:

change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Jill Cilmi, Authorized Person G Que Signature of a member or authorized representative of a member

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Droce 2-Kuby

Signature of Registered Agent Grace E. Kirby, Asst. Vice President of Corporation Service Company

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