

LO9000119805

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

Office Use Only



100374551431

RECEIVED
2021 OCT 26 AM 8:42
SECRETARY OF STATE
TALLAHASSEE, FL

RECEIVED
2021 OCT 26 PM 3:36
TALLAHASSEE, FL

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 159856 7779145

AUTHORIZATION :

COST LIMIT : \$25000

Lubbeleman

ORDER DATE : October 22, 2021

ORDER TIME : 2:57 PM

ORDER NO. : 159856-045

CUSTOMER NO: 7779145

CHANGE OF AGENT

NAME: CODINA MANAGEMENT, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Eyllena 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.

1. Name of the limited liability company: CODINA MANAGEMENT, LLC

2. (a) 2020 Salzedo Street, 5th Floor
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

(b) 2020 Salzedo Street, 5th Floor
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

CORAL GABLES, FL 33134

CORAL GABLES, FL 33134

12/17/2009

L09000119805

3. Date of filing/registration in Florida 4. Document number

5. (a) ROMERO, RAFAEL
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

2020 Salzedo Street, 5th Floor

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

CORAL GABLES, FL 33134

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

Corporation Service Company

NEW Registered Office Address:

1201 Hays Street

Tallahassee, FL 32301

SECRETARY OF STATE
 TALLAHASSEE, FL
 2021 OCT 26 AM 8:42
 E-FILED

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the 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 Cirmi
Signature of a member or authorized representative of a member

Jill Cirmi, Authorized Person
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.

Grace E. Kirby
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**