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OCT 27 2021 I ALBRITTON CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 159856 7779145

COST LIMIT : \$25..00

AUTHORIZATION

ORDER DATE : October 22, 2021

ORDER TIME : 3:03 PM

ORDER NO. : 159856-062

CUSTOMER NO: 7779145

CHANGE OF AGENT

NAME: CODINA WEST DORAL, 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. Na	ame of the limited liability company: CODINA WEST	DORA	L, l	LC				
2. (a)	2020 Salzedo Street, 5th Floor		(b) 2020 Salzedo Street, 5th Floor					
2. (4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) CORAL GABLES, FL 33134				Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
				CORAL GABLES, FL 33134				
	01/22/2010		L	10000008	3727			
3.	Date of filing/registration in Florida	4.			Document number			
5. (a)	ROMERO, RAFAEL G							
J. (u)	Registered Agent and Registered Office shown on the records of	the Florio	da I	Dept. of Stat	- e:			
	2020 Salzedo Street, 5th Floor				_			
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					20		
					_	2021 631		
	CORAL GABLES , FI	33134						
		<u> </u>	_		_	20	•	
(b)					_	Tan	- 1	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office a	ddr	ess:		£10:	ا ها د الوسط	
	Corporation Service Company					<u></u>		
	NEW Registered Office Address:				_			
	1201 Hays Street							
					_			
	Tallahassee . FL	32301						
change agent w was/we the arti	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia- ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	register ability c of the lin limited	red om niti lia	office and pany, it is ed liability bility com	d the business office of t s hereby confirmed that y company or as otherw apany.	the registe the chang	ered e(s)	
Signat	Signature of a member or authorized representative of a member			Jill Cilmi, Authorized Person Printed or typed name of signee				
I herel provision the obli to mere notified	by accept the appointment as registered agent and aground of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I fill mitting of this change. Some Likeby, to of Registered Agent	ee to ac perform I for in iereby c	et ir ian Ch 'on,	this cape ce of my c apter 605 firm that i	acity. I finther agree to	- comply w	ith the l accept ig filed been	
Signatur Grace E.	re of Registered Agent . Kirby, Asst. Vice President of Corporation Service Company							

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