

L110DDDD43135

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

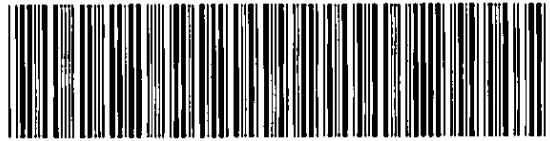
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2021 OCT 26 AM 10:36

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2021 OCT 26 PM 3:48


ALABAMA

RA/RC/chg

OCT 27 2021

ALBRITTON

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

ACCOUNT NO. : I20000000195
REFERENCE : 159856 7779145
AUTHORIZATION : 
COST LIMIT : \$ 25.00

ORDER DATE : October 22, 2021
ORDER TIME : 2:10 PM
ORDER NO. : 159856-009
CUSTOMER NO: 7779145

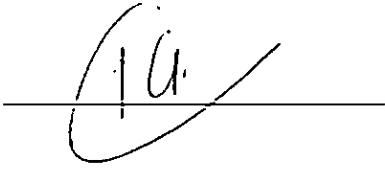
CHANGE OF AGENT

NAME: ARMAG II, 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.

1. Name of the limited liability company: ARMAG II, LLC
2. (a) 2020 Salzedo Street, 5th Floor
Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)
- CORAL GABLES, FL 33134
- 04/11/2011
3. Date of filing/registration in Florida
- (b) 2020 Salzedo Street, 5th Floor
Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)
- CORAL GABLES, FL 33134
- L11000043135
4. Document number
5. (a) ROMERO, RAFAEL G
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

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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 Cilmi
Signature of a member or authorized representative of a member

Jill Cilmi, 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**