L11000077772

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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.	Na	me of the limited liability company: TERRA C	OMN	1	JNITIES HOLDINGS, LLC
2.	(a)		4	(b)	
	(α, .	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		. ,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		3310 MARY STREET, SUITE 302			3109 GRAND AVENUE #349
		COCONUT GROVE, FL 33133			COCONUT GROVE, FL 33133
		06/22/2011			L11000072722
3.		Date of filing/registration in Florida	4.	_	Document number
5.	(a)				
J.	(a) Registered Agent and Registered Office shown on the records of the Florida De NRAI SERVICES, INC.			Dept. of State:	
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					
		1200 SOUTH PINE ISLAND RD			2021
		PLANTATION FI	33324		2021, JULI 18
	(b)				8
	(0)	Enter name of NEW Registered Agent and/or NEW Registered Office address: Corporation Service Company			dress:
					5
		NEW Registered Office Address:			
		1201 Hays Street			
		Tallahassee	32301		
cha age wa the	inge ent w s/wc arti	mited liability company is not organized under the la or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited litre authorized by an affirmative vote of the members cles of organization or the operating agreement of the unreof member or authorized representative of a member ov accept the appointment as registered agent and agons 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	e registe ability of of the li- limited JII	ree mi li L	and office and the business office of the registered impany, it is hereby confirmed that the change(s) ited liability company or as otherwise provided in itability company. CILMI, AUTHORIZED PERSON Printed or typed name of signce in this canacity. I further garee to comply with the
not	ifico	in writing of this change.			E. KIRBY, ASST, VICE PRESIDENT