## L11000095822

(Requestor's Name)						
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PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
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ALLAHASSEE TO L

SECULIVED

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 612516 8406105

AUTHORIZATION : Syx holl par

COST LIMIT : \$ 25.00

ORDER DATE: March 27, 2023

ORDER TIME : 2:20 PM

ORDER NO. : 612516-074

CUSTOMER NO: 8406105

\_\_\_\_\_

CHANGE OF AGENT

NAME: RETAIL OPERATORS, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker -- EXT#

## 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:							
,	(a)	800 S. DOUGLAS ROAD SUITE 450	(	800 S. D	OUGLAS ROAD SUITE 450		
	(11)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
		CORAL GABLES, FL 33134		CORAL	GABLES, FL 33134		
				<del></del>			
		08/22/2011		L1100009	5822		
3.		Date of filing/registration in Florida	4.		Document number		
5.	(a)				_		
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:					le:		
		Cesar Gomez P.A.			_		
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			<u>S)</u>	20		
		12001 sw 119 Street					
		Miami . FL	33186		2023 MAR 27 AM 10: 27		
					25		
	(b)						
Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :					E. F.		
		Corporation Service Company			27 TE		
NEW Registered Office Address:				_			
		1201 Hays Street			_		
		Tallahassee FL	32301		_		
ch ag wa	ange ent w is/we	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 bility co of the lin	ed office an ompany, it i nited liabilit	d the business office of the registered s hereby confirmed that the change(s) by company or as otherwise provided in		
/s/ Brett Beveridge Brett Beverid					e, Authorized Person		
•	Signat	ure of a member or authorized representative of a member			Printed or typed name of signee		
pro the to	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, Asst. Vice President

Droce LKuby Signature of Registered Agent