(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:								





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2021 OCT 26 6H 8: 28

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO.	:	120000000	195					
REFERENCE	;	159856	7779145					
AUTHORIZATION	:	Squelle	enan					
COST LIMIT	:	\$ 25.00						
Oppos pame October 22 2021			<del></del>					
ORDER DATE : October 22, 2021								
ORDER TIME : 2:32 PM								
ORDER NO. : 159856-018								
CUSTOMER NO: 7779145								
·	. <b></b> _							
CHANGE OF AGENT								
NAME: C/N6, LLC								
PLEASE RETURN THE FOLLOWING AS	PR	OOF OF FII	LING:					
CERTIFIED COPY								
XX' PLAIN STAMPED COPY								
		m.cm!						
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.	Na	time of the limited liability company:						
2	(a)	2020 Salzedo Street, 5th Floor			2020 Salzedo Street, 5th Floor			
2.	(4)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		(0)	Mailing address of limited liability comp (Note: MAY BE POST OFFICE BO			
		CORAL GABLES, FL 33134	<del></del>	CORAL	GABLES, FL 33134			
		08/22/2012		L1200010	08251			
3. 5	(a)	Date of filing/registration in Florida ROMERO, RAFAEL G	4.		Document number			
J. (c	(a)	Registered Agent and Registered Office shown on the records of 2020 Salzedo Street, 5th Floor	the Flori	da Dept. of Sta	ate:			
		Registered Office Address (MUST BE FLORIDA STREET)	_					
		CORAL GABLES . FL	33134		2021 OCT 26 SECRETARY TALLARY	د الم		
	(b)				T 26			
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office a	<u>ddress</u> :		• •		
		Corporation Service Company				Part.		
		NEW Registered Office Address:			— : 12 : 18			
		1201 Hays Street	<u>-</u>		_			
		Tallahassee, FL	32301		_			
age wa	ange ent w s/we	mited liability company is not organized under the law or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited lia re authorized by an affirmative vote of the members of the organization or the operating agreement of the	register bility c f the lin limited	red office an ompany, it is nited liabilit liability con	nd the business office of the registe is hereby confirmed that the chang ity company or as otherwise provid mpany.	ered e(s)		
	Lana	ure of a member or authorized representative of a member	Jill —	Cilmi, Autho	norized Person			
I h pro the to i	ereh ovisio obli nere ified	y accept the appointment as registered agent and agreems of all statutes relative to the proper and complete pations of my position as registered agent as provided by reflect a change in the registered office address. I him writing of this change.	ee to ac perforn I for in erehy c	t in this cape ance of my e Chapter 605 confirm that i	Printed or typed name of signee  pacity. I further agree to comply we duties, and I am familiar with and  5. F.S. Or, if this document is being the limited liability company has	rith the l accept ig filed been		
Sig Gra	natur ice E.	e of Registered Agent Kirby, Asst. Vice President of Corporation Service Company						

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