12000138763

(Requestor's Name)							
(Address)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
☐ PICK-UP ☐ WAIT ☐ MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Certified Copies							
Special Instructions to Filing Officer:							

Office Use Only



100404501151

2023 MAR 27 PM 3: 38

AL WHASSED . . .

MAR 28 2023

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 612516 8406105

AUTHORIZATION : Junior March 27, 2023

ORDER DATE : March 27, 2023

ORDER TIME : 2:17 PM

ORDER NO. : 612516-053

CUSTOMER NO: 8406105

CHANGE OF AGENT

NAME: INTEGRATED RETAIL SERVICES, LLC

CONTACT PERSON: Eyliena Baker -- EXT#

_____ CERTIFIED COPY
XX _ PLAIN STAMPED COPY

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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. N	ame of the limited liability company: INTEGRATED	DRETAIL	SERVICES,	LLC
2. (a)	800 S. DOUGLAS ROAD SUITE 450	(b) 800 S. Do	OUGLAS ROAD SUITE 450
(u)	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 G	SABLES, FL 33134
			· ··	
	10/31/2012		L1200013	8763
3.	Date of filing/registration in Florida	4.		Document number
5. (a)				_
	Registered Agent and Registered Office shown on the records CESAR GOMEZ P.A.	of the Florid	la Dept, of State	e:
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 12001 sw 119 Street			-
	Miami	FL 33186		-
		FL		-
(b)				
(0)	Enter name of NEW Registered Agent and/or NEW Registe	red Office a	ddress:	_
	Corporation Service Company			
	NEW Registered Office Address:			-
	1201 Hays Street			_
	Tallahassee	FL_32301		_
change agent was/w	limited liability company is not organized under the e or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited tere authorized by an affirmative vote of the member ticles of organization or the operating agreement of the street in the control of the cont	the registe Hiability or rs of the lin	red office and company, it is mited liability	d the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in
/s	/ Brett Beveridge	Br	ett Beveridge	e, Authorized Person
Sign	ature of a member or authorized representative of a member		<u> </u>	Printed or typed name of signee
provis the oh to mer	eby accept the appointment as registered agent and a tions of all statutes relative to the proper and comple digations of my position as registered agent as provi rely reflect a change in the registered office address, ad in writing of this change.	agree to ac te perform ded for in I hereby c	et in this cape nance of my of Chapter 605 confirm that	acity. I further agree to comply with the duties, and I am familiar with and accept i. F.S. Or, if this document is being filed the limited liability company has been
Τ,	Irac. Tokuble	Grace	E. Kirby, As	st. Vice President
- ərgnati	ure of Registered Agent			

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:	ETAIL	SE	SERVICES, LLC
2.	(a)	800 S. DOUGLAS ROAD SUITE 450	(h)	800 S. DOUGLAS ROAD SUITE 450
	(-)	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
		10/31/2012	_	ı	L12000138763
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 CESAR GOMEZ P.A. Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			
		12001 sw 119 Street			
		Miami	33186		
		Enter name of NEW Registered Agent and/or NEW Registered Corporation Service Company	office at	<u>dd</u>	<u>ldress:</u>
		NEW Registered Office Address:			· · · · · · · · · · · · · · · · · · ·
		1201 Hays Street			
		Tallahassee, FL_	32301		
cha age was	nge nt w s/we	mited liability company is not organized under the laws or changes are made, the Florida street address of the reall be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li	egister ility co the lin	ed on nit	ed office and the business office of the registered ompany, it is hereby confirmed that the change(s) nited liability company or as otherwise provided in
	/s/	Brett Beveridge	Br€	ett	tt Beveridge, Authorized Person
S	ignat	ure of a member or authorized representative of a member			Printed or typed name of signee
pro the to n	vișie obli nere	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete p gations of my position as registered agent as provided by reflect a change in the registered office address. I he I in writing of this change.	e to ac. erform for in G reby c	t it lan Ch on	in this capacity. I further agree to comply with the ance of my duties, and I am familiar with and accept Thapter 605, F.S. Or, if this document is being filed onfirm that the limited liability company has been
Sig	natur	Mr. T. KWO!	Grace E	Ξ. Ι	. Kirby, Asst. Vice President