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

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C. GOLDEN MAR 2 3 2019



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Logan Hall logan.hall@cscglobal.com

Date: March 11, 2019

Order#: 679372/005

Re: 140 EL MIRASOL, LLC

Enclosed please find:

XX __ Change of Registered Agent and Office.

XX Check in the amount of \$25.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX __ Return Regular Mail in the enclosed envelope.

Attn:Logan Hall c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

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.

Name of the limited liability company: 140 EL MIRASOL, LLC				
2. (a)	140 EL MIRASOL	(b)	140 EL MIRASOL, LLC	
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
			C/o BESSEMER TRUST 222 ROYAL PALM WAY	
	PALM BEACH, FL 33480		PALM BEACH, FL 33480	
	11/16/2012		L12000145288	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	GY Corporate Services Inc			
Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 222 Royal Palm Way				
				Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
	Palm Beach	FL. 33480	2019 MAR 13	
(b)	Corporation Service Company		dress:	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	ed Office add	dress:	
	1201 Hays Street			
	NEW Registered Office Address:			
			_	
	Tallahassee , F	FL 32301		
agent was/we	imited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the members cles of organization or the operating agreement of the	of the regist liability cor s of the limit	stered 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	
	/s/ Stuart S. Janney, III	Stuar	art S. Janney, III, Co Manager/Authorized Person	
Signature of a member or authorized representative of a member 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				
Signature of Registered Agent Corporation Service Company BY: Grace E. Kirby, Asst. Vice President				