Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6383

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Addount Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (954)208-0845 Fax Number ; (614)573-3996

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

LLC REGISTERED AGENT CHANGE SOUTH WEST 136 DEVELOPMENT, LLC

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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 affice or registered agent, or both, in the State of Florida.

1. Na	ame of the limited liability company: South West 136 De	n clo	pine	nt L.L.C	
2. (a)	2525 Ponce de Leon Blvd		(b) 2525 Ponce de Leon Blvd		
2. (a)	Principal office address of finited liability company: (Note: MUST BE STREET ADDRESS)	_	(0)	***************************************	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Ste 250			Stc 250	
	Coral Gables, Fl 33134	_		Coral Cial	bles, F1 33134
	Feb 28 2013		!	L1300003	1261
3.	Date of filing/registration in Florida	4.	_		Document number
5. (a)	CT Corporation System				
J. (1)	Registered Agent and Registered Office shown on the records of the 1200 South Pine Island Road Registered Office Address (AUST BE FLORIDA STREET 4)	ic I loi	eida l	æрі, of St	atv:
	Plantation FL 3	3324			2022 OEC
(h)	Miriam Cruz-Bustillo				- 변화 2 연합
(b)	Enter name of NEW Registered Agent anthor NEW Registered C				
	2525 Ponce de Leon Blvd				AH 11: 2
	NEW Registered Office Address:				77 .
	Ste 250			 .	
	Coral Gables FL 3	3134			~
change agent v was/we	mited liability company is not organized under the laws or changes are made, the Florida street address of the revill be identical. Or, in the case of a Florida limited liability and the members of clessory and address of the members of clessory and address of the liability and agreement of the liability agreemen	egisto ility the l	ered con imit	office ar ipany, it ed liabili	nd the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in
	Well So VP Legal			Miriam	Cruz-Bustillo
- (are of a member or authorized representative of a member)				Printed or typed name of signee
I herel provisi the obl- to mere notified	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete perguing of my position as segistered agent as provided profess a change of the registered office address. The first agent as a change of the registered office address. The	eto a erfor for ii reby	ict ii mar i Ch con	r this cap we of my apier 60, firm that	owity I further agree to comply with the duties, and I om familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been
Signatur	e of Registered Agent Miriam Cruz-Bustillo				
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314					