## L13000012548

(F	Requestor's Name)				
(A	address)				
<u> </u>	Address)				
(C	City/State/Zip/Phone #)				
PICK-UP	WAIT MAIL				
(E	Business Entity Name)				
(Document Number)					
Centified Copies	Certificates of Status				
Special Instructions t	o Filing Officer				

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RAROKOS

OCT 27 2021 I ALBRITTON CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 159856 7779145

AUTHORIZATION :

COST LIMIT : \$ 25,000

ORDER DATE: October 22, 2021

ORDER TIME : 3:02 PM

ORDER NO. : 159856-057

CUSTOMER NO: 7779145

\_\_\_\_\_\_

## CHANGE OF AGENT

NAME: CODINA TAMAYA HOLDINGS, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

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.

2. (a)	2020 Salzedo Street, 5th Floor		(b) 2020 Salzedo Street, 5th Floor				
2. (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	. GABLES, FL 33134			
	05/15/2013		L130000	72548			
3.	Date of filing/registration in Florida	4.		Document number			
5. (a)	ROMERO, RAFAEL						
,	Registered Agent and Registered Office shown on the records of	the Florid	a Dept. of Si	tate:			
	2020 Salzedo Street, 5th Floor						
	Registered Office Address (MUST BE FLORIDA STREET	<u>ADDRES</u>	<u>S)</u>		202		
					202! Du i		
	CORAL GABLES	33134			: 2		
	• F1			<del>_</del>	a)		
(b)							
` '	Enter name of NEW Registered Agent and/or NEW Registered	Office ac	idress:		AH 10: 3:	=5)	
	Corporation Service Company				33		
	NEW Registered Office Address:			_			
	1201 Hays Street						
	Tallahassee FL	32301					
:hange igent w was/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 liver authorized by an affirmative vote of the members of the organization or the operating agreement of the	register ability co of the lin	ed office a ompany, it nited liabil	and the business office o is hereby confirmed tha lity company or as other	f the regist at the chan	tered ge(s)	
	Signature of a member or authorized representative of a member			horized Person			
Signat	ure of a member or authorized representative of a member			Printed or typed name of	signee		
rovisio he obli o mere	oy accept the appointment as registered agent and agens of all statutes relative to the proper and complete gations of my position as registered agent as provide ly reflect a change in the registered office address, I lim writing of this change.	ree to act perform d for in ( hereby c	t in this ca ance of m Chapter 60 onfirm tha	pacity. I further agree is duties, and I am famili 95, F.S. Or, if this docust the limited liability co.	to comply viar with an ment is bein mpany has	with the d accept ing filed been	
ر َ	Drace C-Knby						
Signatur	e of Registered Agent Kirby, Asst. Vice President of Corporation Service Company						

Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314 FILING FEE: \$25.00