## 130000827

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OCT 27 2021 I ALBRITTON CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 159856 7779145

COST LIMIT : \$ 25.00

AUTHORIZATION :

ORDER DATE: October 22, 2021

ORDER TIME : 3:02 PM

ORDER NO. : 159856-058

CUSTOMER NO: 7779145

CHANGE OF AGENT

NAME: CODINA TAMAYA, 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.

1. 1	Name of the limited liability company: CODINA TAM	AYA, LLC				
2. (a	2020 Salzedo Street, 5th Floor	(b	2020 Sal:	zedo Street, 5th Floor		
2. (4.	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(0		Mailing address of limited (Note: MAY BE POST		-
	CORAL GABLES, FL 33134		CORAL G	SABLES, FL 33134		
	06/06/2013		L13000082	?717		
3.	Date of filing/registration in Florida	4.	_	Document number		
5. (a	ROMERO, RAFAEL G					
٥. (د	Registered Agent and Registered Office shown on the records of	of the Florida	Dept. of State	- e:		
	2020 Salzedo Streeet, 5th Floor					
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			-	21	
					)21 (	
	CORAL GABLES	33134		-	2021 6 i 2	
	, F	L_00104	<del></del>	-	26	
(b					₹.	
(1)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	ed Office ad	dress:	_	Mi 10:	
					ယ ယ	
	Corporation Service Company			_	ω	
	NEW Registered Office Address:					
	1201 Hays Street			_		
	Tallahassee F	L_32301		_		
chang agent was/v the ar	limited liability company is not organized under the lage or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited layere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	e registere liability col of the lim e limited li	d office and mpany, it is ited liability lability com	d the business office of thereby confirmed that y company or as other apany.	f the registent the chang	ered e(s)
Signature of a member or authorized representative of a member			Jill Cilmi, Authorized Person			
				Printed or typed name of:	_	
provi. the ol to me	eby accept the appointment as registered agent and ag sions of all statutes relative to the proper and complete pligations of my position as registered agent as provide rely reflect a change in the registered office address, I red in writing of this change.	gree to act e performa ed for in C Thereby co	in this capa nce of my d hapter 605, nfirm that t	icity. I further agree t luties, and I am famili, , F.S. Or, if this docu he limited liability cor	o comply war with and ment is bein mpany has	rith the laccept ig filed been
	Wrose C-Knby ure of Registered Agent					
Signal Grace	ure of Registered Agent E. Kirby, Asst. Vice President of Corporation Service Company					

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