## 1300011469

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

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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

AUTHORIZATION :

COST LIMIT : SECONDO

ORDER DATE: October 22, 2021

ORDER TIME : 2:11 PM

ORDER NO. : 159856-010

CUSTOMER NO: 7779145

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

CHANGE OF AGENT

NAME: ARMAG III, 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. N	lame of the limited liability company:  ARMAG III, LL	.C			
2. (a)	2020 Salzado Street 5th Floor	(b) 20	(b) 2020 Salzedo Street, 5th Floor  Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)		
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)			
	CORAL GABLES, FL 33134		DRAL GABLES, FL 33134		
	08/13/2013	L13	000114698		
3. 5. (a	Date of filing/registration in Florida ROMERO, RAFAEL G	4.	Document number		
J. (u)	Registered Agent and Registered Office shown on the records of 2020 Salzedo Street, 5th Floor	of the Florida Dep	t. of State:		
	Registered Office Address (MUST BE FLORIDA STREET	T ADDRESS)			
	CORAL GABLES	33134	<del></del>	2021 000	
		FL_33134		26	
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	ed Office address	<u> </u>	01119	
	Corporation Service Company			ယ	
	NEW Registered Office Address:			တ	
	1201 Hays Street		<u>.                                    </u>		
	Tallahassee, F	T			
chang agent was/w	limited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited latere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	ie registered of liability compa of the limited	fice and the business office of ny, it is hereby confirmed that liability company or as othery	the registered the change(s)	
	Lie & Comi	Jill Cilmi	, Authorized Person		
Sign	ature of a member or authorized representative of a member		Printed or typed name of s	ignee	
provis the ob to mer	by accept the appointment as registered agent and agions of all statutes relative to the proper and completed ligations of my position as registered agent as provided in the registered office address, led in writing of this change.	gree to act in the e performance led for in Chap I hereby confir	nis capacity. I further agree to of my duties, and I am familio ter 605. F.S. Or, if this docum in that the limited liability con	o comply with the ir with and accept went is being filed apany has been	
	Drace to Kuby				
Signati Grace I	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