## 4000051315

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

Office Use Only



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RECEIVED

OCT 28 2021 IALBRITTON CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 159856 7779145

AUTHORIZATION :

COST LIMIT : \$/25.00

ORDER DATE : October 22, 2021

ORDER TIME : 5:16 PM

ORDER NO. : 159856-111

CUSTOMER NO: 7779145

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CHANGE OF AGENT

NAME: PARCEL D2 PROPERTY, 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. Na   | ame of the limited liability company: PARCEL D2 PR  | OPERT   | Ύ,                      | LLC  |  |  |  |
|---|---|---|-------------------------|--|--|--|--|
| 2. (a)  | 2020 Salzedo Street, 5th Floor  | C C   | b)                      | 2020 Sa  | Izedo Street, 5th Floor  |  |  |
| _, (=)  | Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  | (   | <i>-</i>                |  | Mailing address of limited liah (Note: MAY BE POST OF  | -  |  |
|   | CORAL GABLES, FL 33134  | _   |                         | CORAL  | GABLES, FL 33134   |  |  |
|   | 04/07/2014  | _   | L                       | 1400005  | 7315   |  |  |
| <ul><li>3.</li><li>5. (a)</li></ul>                 | Date of filing/registration in Florida ROMERO, RAFAEL G   | 4.  |                         |  | Document number  |  |  |
| ()  | Registered Agent and Registered Office shown on the records of 2020 Salzedo Street, 5th Floor   | the Florid                                      | la I                    | Dept. of Sta                                     | te:  |  |  |
|   | Registered Office Address (MUST BE FLORIDA STREET)  | ADDRES.   | <u>S)</u>               |  | <del></del>  | 202                                      |  |
|   | CORAL GABLES  | 33134   |                         |  | <del>-</del><br>-  | 2021 OCT 27                              |  |
| (b)   | Enter name of NEW Registered Agent and/or NEW Registered Corporation Service Company  | Office ac                                       | <br><u>dd</u> r         | <u>'ess</u> :                                    | _  | ñi; 10: 29                               |  |
|   | NEW Registered Office Address:  |   |                         |  | _  |  |  |
|   | 1201 Hays Street  |   |                         |  | _  |  |  |
|   | Tallahassee, FL   | 32301   |                         |  | _  |  |  |
| change<br>agent v<br>was/wo                         | imited liability company is not organized under the law<br>e or changes are made, the Florida street address of the<br>will be identical. Or, in the case of a Florida limited lia-<br>cre authorized by an affirmative vote of the members of<br>icles of organization or the operating agreement of the | register<br>bility co<br>f the lin              | ed<br>om<br>nit         | office an<br>ipany, it i<br>ed liabilit          | nd the business office of the shereby confirmed that the true company or as otherwise.                               | he regis<br>he chan                      | tered<br>ge(s)                               |
| Lie & Cionie  |   |   | Ci                      | lmi, Autho                                       | orized Person  |  |  |
| Signa   | ture of a member or authorized representative of a member   | _   |                         |  | Printed or typed name of sign  | nee                                      |  |
| I here<br>provisi<br>the obl<br>to mere<br>notified | by accept the appointment as registered agent and agre<br>ions of all statutes relative to the proper and complete<br>ligations of my position as registered agent as provided<br>ely reflect a change in the registered office address. I h<br>I in writing of this change                               | ee to act<br>perform<br>I for in C<br>tereby co | t ir<br>can<br>Ch<br>on | i this cap<br>ce of my<br>apter 602<br>firm that | acity. I further agree to c<br>duties, and I am Jamiliar<br>5, F.S. Or, if this docume<br>the limited liability comp | comply<br>with an<br>nt is be<br>any has | with the<br>ad accept<br>ing filed<br>s been |
|   | Drace 2-Kubly   |   |                         |  |  |  |  |
| Signatu<br>Grace E                                  | re of Registered Agent<br>Kirby, Asst. Vice President of Corporation Service Company  |   |                         |  |  |  |  |

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