## 414000073165

(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:				
JDE. 33				
JUN 1 0 7524				

Office Use Only



700429761527

2024 JUN 18 AM11: 09

1024 JUN 18 PH 1: 23

## 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.

l. Na	me of the limited liability company: TERRA	WESTON RES	SIDENTIAL, LLC	
2. (a)		(b)		
~· (···,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	<u> </u>	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)  3109 GRAND AVENUE #349	
	3310 MARY STREET, SUITE 302	3109 GR		
	COCONUT GROVE, FL 33133	COCONU	JT GROVE, FL 33133	
	05/05/2014	L1400007	3165	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)			. 21	
5. (a)	Registered Agent and Registered Office shown on the records NRAI SERICES, INC.	s of the Florida Dept. of Stat	NECKET JUN	
	Registered Office Address (MUST BE FLORIDA STREET 1200 S PINE ISLAND RD	2024 JUN 18 PH		
	PLANTATION	FL 33324	- : : : : : : : : : : : : : : : : : : :	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u> Corporation Service Company	red Office address:		
	NEW Registered Office Address:		_	
	1201 Hays Street		_	
	Tallahassee	FL	_	
change agent v was/we	imited liability company is not organized under the or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited authorized by an affirmative vote of the member cless of organization or the operating agreement of the member of the organization or the operating agreement of the operating agreement o	the registered office an Hiability company, it i rs of the limited liabilit he limited liability con	of the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in appany.	
Clana	ure of a member or authorized representative of a member	JIEL CILMI, AU	JTHORIZED PERSON  Printed or typed name of signee	
I herel provisi the obli to mere notified	by accept the appointment as registered agent and a constant of all statutes relative to the proper and completigations of my position as registered agent as proviely reflect a change in the registered office address, I in writing of this change.	agree to act in this cap ele performance of my ided for in Chapter 602 I hereby confirm that	,,	
Signatu	Droze Zekuby re of Registered Agent	GRACE E. KIRBY.	ASST. VICE PRESIDENT	